Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Document Page 1 of 65

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF GEORGIA | - | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | | | | | | |
|--|---|--|--|--|--|--|--|
| | About Debtor 1: | A | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
| Your full name | | | | | | | |
| Write the name that is on | Steve | | | | | | |
| picture identification (for | | F | First name | | | | |
| example, your driver's license or passport). | Ray Middle name | | Middle name | | | | |
| Bring your picture | Hawkins | | | | | | |
| meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | L | ast name and Suffix (Sr., Jr., II, III) | | | | |
| | | | | | | | |
| All other names you have used in the last 8 years | | | | | | | |
| Include your married or maiden names. | | | | | | | |
| | | | | | | | |
| Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1600 | | | | | | |
| | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Bring your picture identification to your meeting with the trustee. Hawkins Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Hawkins Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Steve First name Ray Middle name Last name and Suffix (Sr., Jr., II, III) | | | | |

Document Page 2 of 65

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): □ I have not used any business name or EINs. | | | |
|----|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | | | | |
| | Include trade names and doing business as names | Business name(s) | Busine | ess name(s) | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 129 Swanee Lane Woodstock, GA 30188 | If Deb | otor 2 lives at a different address: | | |
| | | Number, Street, City, State & ZIP Code | Numb | er, Street, City, State & ZIP Code | | |
| | | Cherokee | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Numb | er, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | Check | (one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | | |

Debtor 1 Steve Ray Hawkins

Case number (if known)

| Par | Tell the Court About | Your Ba | nkruptcy Ca | ase | | | | | |
|-----|---|---|---------------------------------|---|--|---|--|--|--|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | ■ Cha | apter 7 | | | | | | |
| | | ☐ Cha | apter 11 | | | | | | |
| | | ☐ Cha | pter 12 | | | | | | |
| | | _ | apter 13 | | | | | | |
| | | | | | | | | | |
| 8. | How you will pay the fee | a | about how yo | the entire fee when I file my petition. Please check with the clerk's office in your local court for more down you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or myour attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check the daddress. | | | | | |
| | | | | | allments. If you choose this opti (Official Form 103A). | on, sign and attach the Application for Inc | dividuals to Pay | | |
| | | | Ū | | ` , | n only if you are filing for Chapter 7. By la | aw, a judge may, | | |
| | | t a | out is not rec applies to yo | uired to, waive your family size and | our fee, and may do so only if you are unable to pay the fee i | our income is less than 150% of the officing installments). If you choose this option, cial Form 103B) and file it with your petitical Form 103B. | al poverty line that you must fill out | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | | | | |
| | last o years: | □ res | District | | When | Case number | | | |
| | | | District | | When | Cana arrahan | | | |
| | | | District | | When | Case number | | | |
| | | | District | | vviieii | Case Humber | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your residence? | ■ No. | Go to | line 12. | | | | | |
| | | ☐ Yes | . Has yo | our landlord obtain | ned an eviction judgment agains | st you? | | | |
| | | | | No. Go to line 1 | 2. | | | | |
| | | | | Yes. Fill out <i>Inita</i> this bankruptcy | | Judgment Against You (Form 101A) and | file it as part of | | |
| | | | | | | | | | |

Document

Page 4 of 65 Case number (if known) Debtor 1 Steve Ray Hawkins

| ar | Report About Any Bu | sinesses ` | You Own | as a Sole Proprietor | | | | | |
|------|---|------------------------|--|--|--|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to l | art 4. | | | | | |
| | | ☐ Yes. | Name | and location of business | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numbe | r, Street, City, State & ZIF | P Code | | | | |
| | it to this petition. | | Check | the appropriate box to de | scribe your business: | | | | |
| | | | | Health Care Business (as | s defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | | Single Asset Real Estate | (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | | Stockbroker (as defined i | n 11 U.S.C. § 101(53A)) | | | | |
| | | | | Commodity Broker (as de | efined in 11 U.S.C. § 101(6)) | | | | |
| | | | | None of the above | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | . If you inc s, cash-flo | filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure C. 1116(1)(B). | | | | | |
| | For a definition of small | ■ No. | I am n | t filing under Chapter 11. | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | | | |
| | | ☐ Yes. | I am fil | ng under Chapter 11 and | I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Part | t 4: Report if You Own or | Have Any | Hazardo | s Property or Any Prop | erty That Needs Immediate Attention | | | | |
| 14. | Do you own or have any | ■ No. | | | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ■ No. ☐ Yes. | What is the | e hazard? | | | | | |
| | public health or safety? Or do you own any property that needs | | | ate attention is hy is it needed? | | | | | |
| | immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | he property? | er, Street, City, State & Zip Code | | | | |
| | | | | | | | | | |

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Document Page 5 of 65

Debtor 1 Steve Ray Hawkins

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 65 Case number (if known) Debtor 1 **Steve Ray Hawkins** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0.001-100.000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to **□** \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Steve Ray Hawkins

Steve Ray Hawkins Signature of Debtor 1

Executed on October 31, 2018

MM / DD / YYYY

Signature of Debtor 2

MM / DD / YYYY

Executed on

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Document Page 7 of 65

Debtor 1 Steve Ray Hawkins Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Brian S | . Limbocker | Date | October 31, 2018 |
|-----------------|------------------------|---------------|--------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Brian S. Li | imbocker 800500 | | |
| Printed name | | | |
| Limbocker | r Law Firm | | |
| Firm name | | | |
| 2230 Town | ne Lake Parkway | | |
| Bldg. 100, | Suite 140 | | |
| | k, GA 30189 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 678-401-6836 | Email address | bsl@limbockerlawfirm.com |
| 800500 GA | \ | | |
| Bar number & S | tato | | |

| Fill ir | n this informati | on to identify you | r case: | | | |
|-----------------|---------------------------------------|---------------------------------------|--|--|--|---|
| Debto | or 1 | Steve Ray Hawk | ins | | | |
| Dobte | | rirst Name | Middle Name | Last Name | | |
| Debto (Spous | _ | irst Name | Middle Name | Last Name | | |
| Unite | d States Bankru | ptcy Court for the: | NORTHERN DISTRICT (| OF GEORGIA | | |
| _ | | . , | | | | |
| (if know | number | | | | _ | Check if this is an amended filing |
| Sta | | Financial | | duals Filing for B | | 4/16 |
| inforn | nation. If more er (if known). A | space is needed, Answer every ques | attach a separate sheet to | this form. On the top of any | equally responsible for sup y additional pages, write yo | |
| 1. V | What is your cu | rrent marital statu | is? | | | |
| ı | Married | | | | | |
| | ☐ Not married | | | | | |
| 2. [| During the last | 3 years, have you | lived anywhere other than | where you live now? | | |
| Г | □ No | | | | | |
| Ī | | of the places you I | ived in the last 3 years. Do no | ot include where you live now | I. | |
| | Debtor 1 Prior | Address: | Dates Debtor 1 | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 |
| | Debior 11 nor | Addicas. | lived there | DODIOI Z I HOI AG | M1000. | lived there |
| | 811 Sandy Ci Woodstock, (| | From-To: 9/15 - 4/16 | ☐ Same as Debtor ? | I | ☐ Same as Debtor 1 From-To: |
| | and territories i No Yes. Make | nclude Arizona, Ca | lifornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto R | ity property state or territor ico, Texas, Washington and V | |
| F | ill in the total an | nount of income yo | u received from all jobs and a | ng a business during this yeall businesses, including parter together, list it only once ur | | ndar years? |
| | □ No | | | | | |
| I | Yes. Fill in t | he details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | n January 1 of c late you filed fo | current year until or bankruptcy: | ■ Wages, commissions, bonuses, tips | \$62,754.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Case 18-68264-sms Doc 1 Page 9 of 65
Case number (if known) Document

| | | | Debtor 1 | | Debtor 2 | | |
|---------------------------------|-------------------------------------|--|---|---|---|---------------------------------------|---|
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| For last caler (January 1 to | • | 31, 2017) | ■ Wages, commissions, bonuses, tips | \$72,596.00 | ☐ Wages, combonuses, tips | nmissions, | |
| | | | ☐ Operating a business | | ☐ Operating a | business | |
| For the calen (January 1 to | | | ■ Wages, commissions, bonuses, tips | \$70,908.00 | ☐ Wages, combonuses, tips | imissions, | |
| | | | ☐ Operating a business | | ☐ Operating a | business | |
| and other winnings. List each | public benef If you are fili | fit payments; ng a joint cas he gross inco | er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separa | rest; dividends; money collect you received together, list it of | eted from lawsuits; only once under De | royalties; and ebtor 1. | |
| | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Part 3: Lis | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | |
| 6. Are eithe ☐ No. | Neither Deindividual puring the No. | ebtor 1 nor D primarily for a 90 days befo Go to line 7 List below e paid that cre not include | s debts primarily consumer ebtor 2 has primarily consupersonal, family, or househo re you filed for bankruptcy, dinach creditor to whom you paieditor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years. | Imer debts. Consumer debtald purpose." d you pay any creditor a total d a total of \$6,425* or more the for domestic support obliques bankruptcy case. | il of \$6,425* or mo in one or more pay gations, such as ch | re? /ments and th ild support a | he total amount you nd alimony. Also, do |
| ■ Yes. | Debtor 1 c | or Debtor 2 o | r both have primarily consure you filed for bankruptcy, di | ımer debts. | | · | |
| | □ _{No.} | Go to line 7 | | | | | |
| | ■ Yes | List below e | each creditor to whom you pai ments for domestic support o this bankruptcy case. | | | | |
| Creditor | 's Name and | d Address | Dates of payme | | Amount you | Was this p | payment for |
| | ederal Cred ankruptcy | lit Union | | paid \$1,533.00 | still owe \$26,332.00 | ☐ Mortgag | ge |

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Document Page 10 of 65 Case number (if known)

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for |
|-----|--|--|---|---|----------------------------------|--|
| | Westerra Credit Union Attn: Bankruptcy Dept. | | \$720.00 | \$9,825.00 | ☐ Mortgage | |
| | 3700 E Alameda Ave | | | | ■ Car | |
| | Denver, CO 80209 | | | | ☐ Credit Ca | |
| | , | | | | ☐ Loan Rep | • |
| | | | | | Suppliers | or vendors |
| | | | | | Other | |
| 7. | Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general p of which you are an officer, director, person i a business you operate as a sole proprietor. alimony. | partners; relatives of any gen n control, or owner of 20% o | eral partners; partners of their voting | erships of which yog g securities; and a | ou are a genera ny managing a | I partner; corporations gent, including one for |
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrup | otcv. did vou make anv pav | ments or transfer a | anv property on a | ccount of a de | ebt that benefited an |
| | insider? Include payments on debts guaranteed or co | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | include payments on debts guaranteed of co | osigned by an insider. | | | | |
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount | Amount you | Reason for | this payment |
| | | | paid | still owe | Include cred | tor's name |
| Par | t 4: Identify Legal Actions, Repossession | one and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. | | | | | |
| | modifications, and contract disputes. | | | | | |
| | ■ No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Within 1 year before you filed for bankrup | | erty repossessed, f | oreclosed, garni | shed, attached | , seized, or levied? |
| | Check all that apply and fill in the details belo | DW. | | | | |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | i | | | property |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be No | | luding a bank or fii | nancial institutio | n, set off any a | mounts from your |
| | ☐ Yes. Fill in the details. | | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or | | erty in the possess | ion of an assigne | e for the bene | fit of creditors, a |
| | No | | | | | |
| | □ Ves | | | | | |

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Document Page 11 of 65 Case number (if known)

| Pa | rt 5: List Certain Gifts and Contributions | S | | | | | | |
|-------------------|---|--|---|-----------------------------------|---------------------------|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No ■ Yes. Fill in the details for each gift. | | | | | | | |
| | Gifts with a total value of more than \$600 per person | 0 | Describe the gifts | Dates you gave the gifts | Value | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | |
| 14. | Within 2 years before you filed for bankru ☐ No Yes. Fill in the details for each gift or co | | lid you give any gifts or contributions with a tota | l value of more than | \$600 to any charity? | | | |
| | · · | | | _ | | | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | Dates you contributed | Value | | | |
| | Goodwill | | Misc. Household goods | | \$600.00 | | | |
| P a 16. | how the loss occurred It 7: List Certain Payments or Transfers Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p | Include insuran otcy, di oreparir | be any insurance coverage for the loss the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. d you or anyone else acting on your behalf pay on ng a bankruptcy petition? s, or credit counseling agencies for services require | | Value of property lost | | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |
| | Limbocker Law Firm, LLC 2230 Towne Lake Parkway Bldg. 100, Ste. 140 Woodstock, GA 30189 | | Attorney fees - \$1,500.00, Filing fee - \$335.00, Course pkg/credit rpt - \$100.00 | 10/2018 | \$1,935.00 | | | |
| 17. | promised to help you deal with your cred Do not include any payment or transfer that | itors o | | or transfer any prope | rty to anyone who | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Yes. Fill in the details. Person Who Was Paid | | Description and value of any property | Date payment | Amount of | | | |
| | Address | | transferred | or transfer was | payment | | | |

Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Case 18-68264-sms Document Page 12 of 65 Case number (if known)

Debtor 1 Steve Ray Hawkins

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No | | | | | | | |
|-----|--|---|-----------------|--|---|--|--|--|
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Person Who Received Transfer Address | Description and value of property transferred | paym | ribe any property or nents received or debts in exchange | Date transfer was made | | | |
| | Person's relationship to you | | | | | | | |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote | | o a self-settle | ed trust or similar device o | of which you are a | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of trust | Description and value of the p | property tran | sferred | Date Transfer was | | | |
| | | | | | made | | | |
| Pa | rt 8: List of Certain Financial Accounts, Instr | uments, Safe Deposit Boxes, and | Storage Uni | ts | | | | |
| 20. | Within 1 year before you filed for bankruptcy, | were any financial accounts or in | struments h | eld in your name, or for yo | ur benefit, closed, | | | |
| | sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa | | | it; shares in banks, credit | unions, brokerage | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | | ast 4 digits of Type of account number instrument | | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ar before you filed for bankruptcy | , any safe de | posit box or other deposit | ory for securities, | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe | the contents | Do you still have it? | | | |
| 22. | Have you stored property in a storage unit or | place other than your home within | n 1 year befo | re you filed for bankruptc | y? | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? | Describe | the contents | Do you still have it? | | | |
| | | Address (Number, Street, City, State and ZIP Code) | | | | | | |
| Pai | rt 9: Identify Property You Hold or Control fo | r Someone Fise | | | | | | |
| 23. | | | perty you bor | rrowed from, are storing fo | or, or hold in trust | | | |
| | for someone. | | | | | | | |
| | NoYes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe | the property | Value | | | |
| Pa | rt 10: Give Details About Environmental Inform | mation | | | | | | |
| | | | | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Case 18-68264-sms Doc 1 Page 13 of 65 Case number (if known) Document

Debtor 1 Steve Ray Hawkins

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? П Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ☐ Yes. Fill in the details. **Case Title** Nature of the case Court or agency Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

| ☐ A sole proprietor or self-employed | d in a trade, profession, or other activity, eitl | her full-time or part-time | | | | | |
|--|--|---|--|--|--|--|--|
| ☐ A member of a limited liability con | member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| ☐ A partner in a partnership | | | | | | | |
| ☐ An officer, director, or managing € | executive of a corporation | | | | | | |
| ☐ An owner of at least 5% of the vot | ing or equity securities of a corporation | | | | | | |
| No. None of the above applies. Go to | Part 12. | | | | | | |
| ☐ Yes. Check all that apply above and f | ill in the details below for each business. | | | | | | |
| Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | | | | |
| (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | | | | | |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code) **Date Issued**

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

Doc 1 Case 18-68264-sms Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Page 14 of 65 Case number (if known) Document

Debtor 1 Steve Ray Hawkins

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Steve Ray Hawkins Signature of Debtor 2 Steve Ray Hawkins Signature of Debtor 1 Date October 31, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| | Case | 18-68264-9 | sms Doc 1 | | | Entered 10/3: | 1/18 16:07:55 | De | sc Main |
|---------|--|------------------------------------|---|-----------|-------------------------------------|--|---|-------|------------------------------------|
| Fill | in this inforn | nation to identify | your case and th | | | aye 15 0 05 | | | |
| Deb | tor 1 | Steve Ray H | lawkins | | | | | | |
| | | First Name | | Name | La | st Name | | | |
| | tor 2 use, if filing) | First Name | Middle | Name | La | st Name | | | |
| Jnit | ed States Bai | nkruptcy Court for | the: NORTHER | N DIST | RICT OF GEORG | SIA | | | |
| Cas | e number _ | | | | | | | | Check if this is an amended filing |
| eachink | chedule ch category, so it fits best. Be | e as complete and space is needed, | roperty lescribe items. List accurate as possible | e. If two | married people are | sset fits in more than one e filing together, both are p of any additional pages | equally responsible for | suppl | ying correct |
| Part | 1: Describe | Each Residence, B | uilding, Land, or Ot | her Rea | I Estate You Own o | r Have an Interest In | | | |
| Do | you own or h | ave any legal or ed | quitable interest in a | ny resid | dence, building, lan | d, or similar property? | | | |
| | No. Go to Part | 2. | | | | | | | |
| | Yes. Where is | the property? | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1.1 | 3300 Cada | llaton Way | | Wha | t is the property? C | heck all that apply | | | |
| | 3380 Sadd | f available, or other des | scription | | Single-family home | | Do not deduct secured the amount of any sec | | |
| | | | · | | Duplex or multi-un Condominium or c | - | Creditors Who Have C | | |
| | Douglasvi | lle GA | 30134-0000 | | Manufactured or m | nobile home | Current value of the | | urrent value of the |
| | City | State | ZIP Code | | Land Investment proper | tv | entire property? \$95,000.00 | - | ortion you own? \$95,000.00 |
| | Oity | Ottale | 211 0000 | | Timeshare | ty | | | · , |
| | | | | | Other | | | enanc | y by the entireties, or |
| | | | | Who | | he property? Check one | a life estate), if know | 1. | |
| | Douglas | | | _ | Debtor 1 only | | - | | |
| | County | | | | | tor 2 only | | | |
| | • | | | | | debtors and another | Check if this is o | ommu | nity property |
| | | | | Othe | 7 tt 1000t 0110 01 ti10 | vish to add about this ite | , | | |
| | | | | pron | erty identification i | iumber. | | | |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$95,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Page 16 of 65
Case number (if known) Document

Debtor 1 **Steve Ray Hawkins** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Mercedes C300 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: C300 Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2009 Year: Debtor 2 only Current value of the Current value of the 118,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$8,000.00 \$8,000.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Chevrolet Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: Silverado Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: 2003 Year: Debtor 2 only Current value of the Current value of the 230,000 Approximate mileage: ☐ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$1,500.00 \$1,500.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put **Harley Davidson** 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Road Glide** Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2017 Year: Debtor 2 only Current value of the Current value of the 48,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? lacksquare At least one of the debtors and another Other information: \$20,000.00 \$20,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$29,500.00 pages you have attached for Part 2. Write that number here.....= Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$3.000.00 **Household Goods** 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Document Page 17 of 65 Case number (if known) Debtor 1 Steve Ray Hawkins Yes. Describe..... TVs and Crome book \$200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$200.00 Wearing Apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$0.00 Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,400.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the

portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

Yes

Cash \$5.00

Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Case 18-68264-sms Doc 1

Page 18 of 65

Case number (if known) Document Debtor 1 Steve Ray Hawkins 1

| 17. | | | | ccounts; certificates of one | deposit; shares in credit unions, broker ution, list each. | rage houses, and other similar |
|-----|--|------------|----------------------|------------------------------|--|------------------------------------|
| | □ No | , | · | | , | |
| | Yes | | | Institution nar | me: | |
| | | 17.1. | Checking | Regions | | \$400.00 |
| 18. | Bonds, mutual funds, o | | | | y market accounts | |
| | ■ No | | | | | |
| | ☐ Yes | | Institution or issue | er name: | | |
| 19. | joint venture | ock and | interests in inco | rporated and unincor | porated businesses, including an in | terest in an LLC, partnership, and |
| | No | | | | | |
| | ☐ Yes. Give specific info | | | | | |
| | | Na | me of entity: | | % of ownership: | |
| 20. | | include p | ersonal checks, c | cashiers' checks, promi | potiable instruments issory notes, and money orders. y signing or delivering them. | |
| | ☐ Yes. Give specific info | rmation | about them | | | |
| | | | uer name: | | | |
| | | | | | | |
| 21. | | | | , 403(b), thrift savings | accounts, or other pension or profit-sha | aring plans |
| | ■ No | | -1. | | | |
| | ☐ Yes. List each account | | ely. of account: | Institution nar | me: | |
| 22. | | deposi | s you have made | | nue service or use from a company ric, gas, water), telecommunications co | mpanies, or others |
| | ■ Yes | | | Institution nar | me or individual: | |
| | | Land | lord | Rental Prop | perty | \$2,400.00 |
| 23. | · · | r a perio | dic payment of mo | oney to you, either for li | ife or for a number of years) | |
| | ■ No □ Yes Iss | uer nam | e and description. | | | |
| 24. | 26 U.S.C. §§ 530(b)(1), 5 | | | qualified ABLE prog | ram, or under a qualified state tuitio | n program. |
| | ■ No □ Yes Ins | titution i | name and descript | tion. Separately file the | records of any interests.11 U.S.C. § 52 | 21(c): |
| 25. | Trusts, equitable or fut | ure inte | rests in property | (other than anything | listed in line 1), and rights or power | s exercisable for your benefit |
| | ■ No□ Yes. Give specific info | rmation | about them | | | |
| 26. | Patents, copyrights, tra | | | | | |
| | ■ No □ Yes. Give specific info | rmation | about them | | | |
| 27. | Licenses, franchises, a | nd othe | r general intangi | bles | | |

27

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

| Debtor 1 | Case 18-68264-sms Steve Ray Hawkins | | Entered 10/31/18 16:07:55 age 19 of 65 Case number (if known) | Desc Main |
|---|---|---|--|---|
| _ | s. Give specific information about t | hem | | |
| | r property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | efunds owed to you S. Give specific information about the | nem, including whether you already | filed the returns and the tax years | |
| Exan ■ No | ly support nples: Past due or lump sum alimo s. Give specific information | ny, spousal support, child support, I | maintenance, divorce settlement, property s | settlement |
| Exan | r amounts someone owes you nples: Unpaid wages, disability instable benefits; unpaid loans you res. Give specific information | | s, sick pay, vacation pay, workers' compens | sation, Social Security |
| | ests in insurance policies nples: Health, disability, or life insu | rance; health savings account (HSA | λ); credit, homeowner's, or renter's insuranc | ce |
| ■ Yes | s. Name the insurance company of Company | | Beneficiary: | Surrender or refund value: |
| | | | | |
| | Employe policy | r provided life insurance | | \$0.00 |
| If you some | policy nterest in property that is due yo | ou from someone who has died | ance policy, or are currently entitled to recei | `` |
| If you some ■ No □ Yes 33. Claim Exam ■ No | nterest in property that is due you are the beneficiary of a living trusteene has died. S. Give specific information This against third parties, whether | ou from someone who has died | made a demand for payment | `` |
| If you some No Yes 33. Claim Exan No Yes 34. Other | nterest in property that is due you are the beneficiary of a living trusteene has died. S. Give specific information Its against third parties, whether imples: Accidents, employment dispose. S. Describe each claim | ou from someone who has died t, expect proceeds from a life insura or not you have filed a lawsuit or utes, insurance claims, or rights to | made a demand for payment | ive property because |
| If you some No Yes 33. Claim Exam No Yes 34. Other No Yes 35. Any f | nterest in property that is due you are the beneficiary of a living trusteen has died. S. Give specific information In against third parties, whether apples: Accidents, employment displays. Describe each claim | ou from someone who has died t, expect proceeds from a life insuration or not you have filed a lawsuit or utes, insurance claims, or rights to a laws of every nature, including contains and the same of every nature, including contains of every nature. | made a demand for payment sue | ive property because |
| If you some No Yes 33. Claim Exam No Yes 34. Other No Yes 35. Any f No Yes 36. Addd | nterest in property that is due you are the beneficiary of a living trusteene has died. So Give specific information In against third parties, whether apples: Accidents, employment displays: Accidents, employment displays: Describe each claim | ou from someone who has died t, expect proceeds from a life insuration or not you have filed a lawsuit or utes, insurance claims, or rights to a laws of every nature, including conductions of every nature. | made a demand for payment sue punterclaims of the debtor and rights to entries for pages you have attached | ive property because |
| If you some Some No Yes 33. Claim Exan No Yes 34. Other No Yes 35. Any f No Yes 36. Add for I | nterest in property that is due you are the beneficiary of a living trusteen has died. So Give specific information In a against third parties, whether apples: Accidents, employment displays. Describe each claim To contingent and unliquidated claim To contingent and unliquidated claim | ou from someone who has died t, expect proceeds from a life insuration or not you have filed a lawsuit or utes, insurance claims, or rights to a laws of every nature, including contributes. | made a demand for payment sue punterclaims of the debtor and rights to entries for pages you have attached | set off claims |

Official Form 106A/B Schedule A/B: Property page 5

Case 18-68264-sms Doc 1

| Debtor | 1 Steve Ray Hawkins | Case number | er (if known) | |
|----------------|---|--|---------------|-------------|
| Part 6: | Describe Any Farm- and Commercial Fishing-Related Property If you own or have an interest in farmland, list it in Part 1. | You Own or Have an Interest In. | | |
| | you own or have any legal or equitable interest in any fa | rm- or commercial fishing-related prop | erty? | |
| _ | No. Go to Part 7. | | | |
| П | Yes. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That | You Did Not List Above | | |
| | you have other property of any kind you did not already amples: Season tickets, country club membership | list? | | |
| _ | es. Give specific information | | | |
| 54. A d | dd the dollar value of all of your entries from Part 7. Write | e that number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. P a | art 1: Total real estate, line 2 | | | \$95,000.00 |
| 56. P a | art 2: Total vehicles, line 5 | \$29,500.00 | | |
| 57. P a | art 3: Total personal and household items, line 15 | \$3,400.00 | | |
| 58. Pa | art 4: Total financial assets, line 36 | \$2,805.00 | | |
| 59. Pa | art 5: Total business-related property, line 45 | \$0.00 | | |
| 60. P a | art 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |

\$0.00

\$0.00

Copy personal property total

\$35,705.00

Official Form 106A/B Schedule A/B: Property page 6

61. Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$35,705.00

\$130,705.00

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|------------|---------------------|
| Debtor 1 | Steve Ray Hawki | ns | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2003 Chevrolet Silverado 230,000 miles | \$1,500.00 | | \$0.00 | O.C.G.A. § 44-13-100(a)(3) |
| Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Household Goods Line from Schedule A/B: 6.1 | \$3,000.00 | | \$3,000.00 | O.C.G.A. § 44-13-100(a)(4) |
| Ellie Holli Geriedale A.B. G.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| TVs and Crome book Line from Schedule A/B: 7.1 | \$200.00 | | \$200.00 | O.C.G.A. § 44-13-100(a)(4) |
| Ellie Holli Genedale A.B. 111 | | | 100% of fair market value, up to any applicable statutory limit | |
| Wearing Apparel Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | O.C.G.A. § 44-13-100(a)(4) |
| Line nom <i>Schedule AVD</i> . 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash | \$5.00 | | \$5.00 | O.C.G.A. § 44-13-100(a)(6) |
| Ellic Holli Goriodalo FVD. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | any applicable statutory limit | |

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Document Page 22 of 65
Case number (if known)

| Der | Sieve Kay Hawkiiis | | Case number (ii known) | |
|-----|--|--|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
| | Checking: Regions Line from Schedule A/B: 17.1 | \$400.00 | \$400.00 100% of fair market value, up to any applicable statutory limit | O.C.G.A. § 44-13-100(a)(6) |
| | Landlord: Rental Property Line from Schedule A/B: 22.1 | \$2,400.00 | \$2,400.00 100% of fair market value, up to any applicable statutory limit | O.C.G.A. § 44-13-100(a)(6) |
| 3. | Are you claiming a homestead exempti (Subject to adjustment on 4/01/19 and eve No Yes. Did you acquire the property cor No Yes | ery 3 years after that for ca | | , |

| | | | Document | Page 23 | 3 of 65 | | |
|------------------|--|--------------------------------|---|-----------------|--|--|-------------------|
| Fill in | this informatio | n to identify you | r case: | | | | |
| Debto | 1 C | tava Davillavd | ina | | | | |
| Debto | · · · <u> </u> | teve Ray Hawk | Middle Name | Last Name | | - | |
| Dobto | | ist Name | Wildele Name | Lastivanie | | | |
| Debto (Spouse | | rst Name | Middle Name | Last Name | | - | |
| United | d States Bankrup | otcy Court for the: | NORTHERN DISTRICT OF GE | EORGIA | | | |
| | | | | | | - | |
| | number | | | | | | |
| (if know | m) | | | | | | if this is an |
| | | | | | | amend | led filing |
| Offic | sial Form 10 | neD | | | | | |
| | cial Form 10 | | | | | | |
| Sch | nedule D: | Creditors | Who Have Claims | Secure | d by Propert | У | 12/15 |
| is need | | | f two married people are filing togeth out, number the entries, and attach it | | | | |
| 1. Do a | ny creditors have | claims secured by | your property? | | | | |
| | No. Check this | box and submit th | nis form to the court with your other | schedules. Y | ou have nothing else t | to report on this form. | |
| | Yes Fill in all o | f the information I | nelow | | | | |
| | | | ociow. | | | | |
| Part 1 | List All Sec | cured Claims | | | Column A | Column B | Column C |
| for eac | ch claim. If more th | an one creditor has | nore than one secured claim, list the cre a particular claim, list the other creditor cal order according to the creditor's nam | s in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 1711 | Blue Federal (Union | Credit | Describe the property that secures | the claim: | \$26,332.00 | \$20,000.00 | \$6,332.00 |
| - | Creditor's Name | | 2017 Harley Davidson Road | | <u> </u> | | |
| | | | 48,000 miles | Ondo | | | |
| | Attn: Bankrup | otcv | , | | | | |
| | Po Box 3200 | , | As of the date you file, the claim is: apply. | Check all that | | | |
| | Cheyenne, W | Y 82003 | ☐ Contingent | | | | |
| _ | Number, Street, City, | State & Zip Code | ☐ Unliquidated | | | | |
| | , , , . , , , , , , , , , , | , | ☐ Disputed | | | | |
| Who | owes the debt? | Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Do | btor 1 only | | ☐ An agreement you made (such as | mortgage or se | cured | | |
| _ | btor 2 only | | car loan) | 55. | | | |
| _ | btor 1 and Debtor 2 | 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lion) | | | |
| _ | least one of the del | • | ☐ Judgment lien from a lawsuit | chanic's lien) | | | |
| □ ch | eck if this claim re community debt | | Other (including a right to offset) | | | | |
| | | Opened 09/17 Last Active | | her 0001 | | | |
| Date c | debt was incurred | 9/17/18 | Last 4 digits of account num | per OOO1 | | | |
| 2.2 | Mr. Cooper | | Describe the property that secures | the claim: | \$94,854.00 | \$95,000.00 | \$0.00 |
| | Creditor's Name | | 3380 Saddleton Way Dougla | | φ94,054.00 | φ95,000.00 | φυ.υυ |
| | Attn: Bankrup | atcv. | GA 30134 Douglas County | isville, | | | |
| | 8950 Cypress | • | | | | | |
| | Blvd | Trutoro | As of the date you file, the claim is: | Check all that | | | |
| | Coppell, TX 7 | 5019 | apply. Contingent | | | | |
| _ | Number, Street, City, | | ☐ Unliquidated | | | | |
| | | | ☐ Disputed | | | | |
| Who | owes the debt? | Check one. | Nature of lien. Check all that apply. | | | | |
| Do | btor 1 only | | ☐ An agreement you made (such as | mortgage or se | cured | | |
| _ | btor 2 only | | car loan) | 5-9 30 | | | |
| | btor 2 only btor 1 and Debtor 2 | 2 only | ☐ Statutory lien (such as tax lien, me | chanio's lion\ | | | |
| _ | least one of the del | • | ☐ Judgment lien from a lawsuit | onamo 3 m511) | | | |

Official Form 106D

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Document Page 24 of 65

| Debtor 1 Steve Ray | Hawkins | Cas | e number (if know) | | |
|---|---|---|--------------------|------------|------------|
| First Name | Middle N | ame Last Name | | | |
| ☐ Check if this claim re | lates to a | ☐ Other (including a right to offset) | | | |
| community dobt | | | | | |
| | Opened 09/05 Last | | | | |
| | Active | | | | |
| Date debt was incurred | 8/31/18 | Last 4 digits of account number 6238 | | | |
| | | | | | |
| 2.3 OneMain Finar | ncial | Describe the property that secures the claim: | \$2,250.00 | \$1,500.00 | \$750.00 |
| Creditor's Name | | 2003 Chevrolet Silverado 230,000 | | | |
| | | miles | | | |
| Attn: Bankrupt | | As of the date you file, the claim is: Check all that | | | |
| Evansville, IN | | apply. | | | |
| Number, Street, City, S | | ☐ Contingent ☐ Unliquidated | | | |
| Number, Street, City, S | iale & Zip Code | ☐ Disputed | | | |
| Who owes the debt? C | heck one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the deb | | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim re | | Other (including a right to offset) | | | |
| community debt | | | | | |
| | Opened | | | | |
| | 12/17 Last | | | | |
| | | | | | |
| Date debt was incurred | Active | Last 4 digits of account number 4354 | | | |
| Date debt was incurred | | Last 4 digits of account number 4354 | | | |
| Date debt was incurred 2.4 Westerra Cred | Active 9/28/18 | Last 4 digits of account number 4354 Describe the property that secures the claim: | \$9,825.00 | \$8,000.00 | \$1,825.00 |
| | Active 9/28/18 | Describe the property that secures the claim: | \$9,825.00 | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name | Active 9/28/18 it Union | | \$9,825.00 | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankrupt | Active 9/28/18 it Union | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles | \$9,825.00 | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankrupt 3700 E Alamed | Active 9/28/18 it Union tcy Dept. | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. | \$9,825.00 | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankrupt 3700 E Alamed Denver, CO 80 | Active 9/28/18 it Union tcy Dept. la Ave 209 | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent | \$9,825.00 | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankrupt 3700 E Alamed | Active 9/28/18 it Union tcy Dept. la Ave 209 | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | \$9,825.00 | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankrupt 3700 E Alamec Denver, CO 80 Number, Street, City, S | it Union tcy Dept. la Ave 209 tate & Zip Code | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$9,825.00 | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankrupt 3700 E Alamec Denver, CO 80 Number, Street, City, S Who owes the debt? C | it Union tcy Dept. la Ave 209 tate & Zip Code | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankrupt 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C | it Union tcy Dept. la Ave 209 tate & Zip Code | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankruph 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C Debtor 1 only Debtor 2 only | it Union tcy Dept. la Ave 209 tate & Zip Code heck one. | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankruph 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 | it Union tcy Dept. la Ave 209 tate & Zip Code heck one. | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankrupt 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb | it Union tcy Dept. la Ave 209 tate & Zip Code heck one. only tors and another | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankruph 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 | it Union tcy Dept. la Ave 209 tate & Zip Code heck one. only tors and another | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankruph 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb Check if this claim re | it Union tcy Dept. la Ave 209 tate & Zip Code heck one. only tors and another | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankruph 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb Check if this claim re | it Union tcy Dept. Ia Ave 209 tate & Zip Code heck one. only tors and another lates to a | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankruph 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb Check if this claim recommunity debt | it Union tcy Dept. Ia Ave 209 tate & Zip Code heck one. only tors and another lates to a Opened 08/17 Last Active | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankruph 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb Check if this claim re | it Union tcy Dept. Ia Ave 209 tate & Zip Code heck one. only tors and another lates to a Opened 08/17 Last | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankruph 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb Check if this claim recommunity debt | it Union tcy Dept. Ia Ave 209 tate & Zip Code heck one. only tors and another lates to a Opened 08/17 Last Active | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankruph 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt Check if this claim re community debt Date debt was incurred | it Union tcy Dept. la Ave 209 tate & Zip Code heck one. only tors and another lates to a Opened 08/17 Last Active 9/19/18 | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | \$8,000.00 | \$1,825.00 |
| 2.4 Westerra Cred Creditor's Name Attn: Bankruph 3700 E Alamed Denver, CO 80 Number, Street, City, S Who owes the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt Check if this claim re community debt Date debt was incurred Add the dollar value of | Active 9/28/18 it Union tcy Dept. Ia Ave 209 tate & Zip Code heck one. only tors and another lates to a Opened 08/17 Last Active 9/19/18 | Describe the property that secures the claim: 2009 Mercedes C300 C300 118,000 miles As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | \$8,000.00 | \$1,825.00 |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Debtor 1 | Steve Ray | Hawkins | | Case number (if know) | |
|----------|------------|-------------|-----------|-----------------------|--|
| | First Name | Middle Name | Last Name | | |

| Debtor 1 Stave Ray Hawkins Trigo Name | | | | | Document | Page 26 of 6 | 55 | Ì | | | |
|---|--|---|--|---|--|---|---|--|---------------------------------------|---|------------------|
| Dobtor 2 (Souse At Iring) Frest Name Mode Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA Case number (Mincres) Check if this is an amonded filling amonded filling amonded filling amonded filling amonded filling | Fill in | this informa | tion to identify your | case: | | | | | | | |
| Debtor 2 (Spossed, Filter) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA Check if this is an amended filing | Debtor | · 1 | Steve Rav Hawkii | ns | | | | • | | | |
| Check if this is an amended filing | | | | | me | Last Name | | | | | |
| United States Bankruptey Court for the: NORTHERN DISTRICT OF GEORGIA Case number (#17099) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts on the page to the page of the pa | 1 | | First Name | Middle Na | ume | Last Name | | | | | |
| Case number Chock if this is an amended filing Chock if this chain is a possible into the amended filing Chock if this is an amended filing Chock if this chain is for a community debt Chock if this claim is for a community debt Chock if this claim is for a community debt Chock if this claim is for a community debt Chock if this claim is for a community debt Chock if this claim is for a community debt Chock if this claim is for a community debt Chock if this claim is for a community debt Chock if this claim is for a community debt Choc | | , 0, | | | | | | | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and occurried superable. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NoNPRIORITY claims. List the other party to your productive of the control of the party of the control | United | States Bank | ruptcy Court for the: | NORTHERN | DISTRICT OF G | EORGIA | | | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Als. Property Official Form 106A(B) and on The Schedule Ciscomotory Contracts and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts on Schedule Als. Property Official Form 106A(B) and on The Schedule Ciscomotory Contracts and the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number of (Ronow). Part 3: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yos. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is its, if a claim has both priority and nonpriority amounts, list that claim have and show both priority and nonpriority amounts are possible. It is that claim have and show both priority and nonpriority amounts are possible to the claims in a spharted or deep core than two priority unsecured claims. For each claim listed, identify what type of claim is it. If a claim has both priority and nonpriority amount and show both priority and nonpriority amount and priority what the creditor schaim have and show both priority and nonpriority amount and priority and priority what you claims are the creditors in Part 3. Adrien Hawkins Last 4 digits of account number So.00 Nonpriority Coefficial Priority Ciscomotors and another locations in Part 3. Nonber Street City Sinae 2 Drode When was the debt incurred? All | 1 | | | | _ | | | | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to your avacutory contracts or unspired leases that could result in a claim. Asso list accurator contracts or office from 106/49) and on short country of the claims and the contracts of the contracts or unspired leases that could result in a claim. Asso list accurator contracts on Schedule ARS: Property Official Form 106/49) and on Schedule ARS: Property Official Form 106/49 and on Schedule ARS: Property Official For | (if known | 1) | | | | | | | | | 1 |
| Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to my assectivey contracts or unaxpined deases that could read in a claim. Acto list assectatory contracts on Schedule A/B: Property (Official Form 100A/B) and on my assectivey contracts or on Schedule A/B: Property (Official Form 100A/B) and on Schedule D: Creditors Who Have Claims Secured by Property, If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the claim and case number (if known). Part 3. List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Last all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and one-priority amounts. In the claim is negative to the claim is alphabetical order according to the creditors and. If you have more than two priority unsecured claims, fill out the Construction Page of Part 1. If more than one treditor holds a particular claims, list the claim is not provide according to the construction booklet.) For an explanation of each type of claim, see the instructions for his form in the instruction booklet.) For an explanation of each type of claim, see the instructions for his form in the instruction booklet.) For an explanation of each type of claim, see the instructions for his form in the instruction booklet.) For an explanation of each type of claim, see the instructions for his form in the instruction booklet.) For an explanation of each type of claim is 100 and page of the date you file, the claim is: Check all that apply who provide the debt? Check one. Priority Creditors Name P.O. Box 105499 Number Stre | | | | | | | | | amend | ed filing | |
| Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to my assectivey contracts or unaxpined deases that could read in a claim. Acto list assectatory contracts on Schedule A/B: Property (Official Form 100A/B) and on my assectivey contracts or on Schedule A/B: Property (Official Form 100A/B) and on Schedule D: Creditors Who Have Claims Secured by Property, If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the claim and case number (if known). Part 3. List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Last all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and one-priority amounts. In the claim is negative to the claim is alphabetical order according to the creditors and. If you have more than two priority unsecured claims, fill out the Construction Page of Part 1. If more than one treditor holds a particular claims, list the claim is not provide according to the construction booklet.) For an explanation of each type of claim, see the instructions for his form in the instruction booklet.) For an explanation of each type of claim, see the instructions for his form in the instruction booklet.) For an explanation of each type of claim, see the instructions for his form in the instruction booklet.) For an explanation of each type of claim, see the instructions for his form in the instruction booklet.) For an explanation of each type of claim is 100 and page of the date you file, the claim is: Check all that apply who provide the debt? Check one. Priority Creditors Name P.O. Box 105499 Number Stre | Offici | ial Form | 106E/F | | | | | | | | |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NORIRORITY claims. List the other party to may executory contracts or unerprised leases that could result in a claim. Also list seventory contracts or shedule AB: Properly (Cifical Form 1066). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditions Who Have Claims Secured by Properly, if more space is needed, copy the Part you need, fill it out, mumber of Norman. PRINTS*** List All of Your PRIORITY Unsecured Claims But an experiment of sex mumber of Norman. No. Go to Part 2. Yes. List all of your priority unsecured claims against you? No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim. For each claim listed, identify what type of claim is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. Set much a possible, list the claims high-based and the claims has both priority and nonpriority amounts. Its that claim here and show both priority and nonpriority amounts. Set much a possible, list the claims have been under the claims have been under the claims have been under the desired priority and nonpriority amounts. Set that claim here and show both priority and nonpriority amounts. Set that claims here and show both priority and nonpriority amounts. Set that claims here and show both priority and nonpriority amounts. Set that claims here and show both priority and nonpriority amounts. Set that claims here and show both priority and nonpriority amounts. Set that claims here and show both priority and nonpriority amounts. Set that claims here and show both priority and nonpriority amounts. Set that claims here and set of the claims is set to claims. Set the claims is claim for an advantage of the claims is set to claims. Set the claims here and set of the claims is claims. Set the claim here and set of the claims | | | | /ho Have | Unsecured | Claims | | | | 12/15 | 5 |
| 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. | any exec Schedul Schedul left. Atta | cutory contra- le G: Executor le D: Creditors ach the Contir | cts or unexpired leases ry Contracts and Unexp s Who Have Claims Sec nuation Page to this pag | that could resu pired Leases (Of cured by Propert | lt in a claim. Also I ficial Form 106G). D y. If more space is | ist executory contract Do not include any cre needed, copy the Part | ts on Schedule A/B: F editors with partially s t you need, fill it out, | Property (Of secured clai number the | ficial For ms that a entries in | m 106A/B) a are listed in n the boxes | and on on the |
| No. Go to Part 2. No. Go to Part 3. No. | Part 1: | List All | of Your PRIORITY Un | secured Clair | ns | | | | | | |
| 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim its. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a parkicular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) (For an explanation of each type of PRIORITY unsecured claim: (For an explanation of each type of PRIORITY unsecured claim: (For an explanation of each type of PRIORITY unsecured claim: (For an explanation of each type of PRIORITY unsecured claim: (For an explanation of each type of PRIORITY unsecured claim; (For an explanation of each type of PRIORITY | 1. Do | any creditors | have priority unsecure | d claims agains | t you? | | | | | | |
| 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim. Ist the creditor separately for each claim. For each claim listed, identify what the pot claim it is. If a claim has both priority and nonpriority amounts. Ist much as possible, list the claim shy per claim it is. If a claim has both priority and nonpriority amounts and possible, list the claim shy per date in the priority amounts. As much as possible, list the claim shy per date in the continuation Page of PRIORITY unsecured claims. If lout the Continuation Page of PRIORITY unsecured claims. If lout the Continuation Page of PRIORITY unsecured claims. If lout the Continuation Page of PRIORITY unsecured claims. If lout the Continuation Page of PRIORITY unsecured claims. If lout the Continuation Page of PRIORITY unsecured claims. If lout the Continuation Page of PRIORITY unsecured claims. If lout the Continuation Page of PRIORITY unsecured claims. If lout the Continuation Page of PRIORITY unsecured claims. If lout the Continuation Page of PRIORITY unsecured claims. If lout the Continuation Page of PRIORITY unsecured claims. If lout the Continuation Priority Creditors Name Action Priority Priori | | No. Go to Par | t 2. | | | | | | | | |
| identify what type of claim it is. If a claim has both priority and nonpriority and nonpriorit | | Yes. | | | | | | | | | |
| Adrien Hawkins Priority Creditor's Name 4615 Martin Dr. Winston, GA 30187 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another No Priority Creditor's Name Check if this claim is for a community debt Is the claim subject to offset? Number Street City State Zip Code Who incurred the debt? Check one. Debtor 2 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? At least one of the debtors and another Check if Lambar Street City State Zip Code No Detect 1 and Debtor 2 only Check if Lambar Street City State Zip Code No Domestic support obligations Check if Lambar Street City State Zip Code No Domestic support obligations Check if Lambar Street City State Zip Code No No Domestic support obligations At least A digits of account number So.00 So.00 So.00 So.00 So.00 So.00 So.00 So.00 Contingent Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Type of PRIORITY unsecured claim: Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Type of PR | ide pos | ntify what type ssible, list the o | of claim it is. If a claim ha claims in alphabetical orde | as both priority ar er according to th | nd nonpriority amoun ne creditor's name. If | its, list that claim here a you have more than tw | and show both priority a | ind nonpriori | ty amoun | ts. As much | as |
| Adrien Hawkins Priority Creditor's Name 4615 Martin Dr. Winston, GA 30187 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Priority Creditor's Name Priority Creditor's Name Poster City State Zip Code Who incurred the debt incurred? Who incurred the debt? Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 sthe claim is for a community debt is the claim subject to offset? See Georgia Department of Revenue Priority Creditor's Name P.O. Box 105499 Atlanta, GA 30348-5499 Number Street City State Zip Code Who incurred the debtors and another Debtor 2 only Debtor 1 only Unliquidated Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply Creditor's Name P.O. Box 105499 Atlanta, GA 30348-5499 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Type of PRIORITY unsecured claim: Type of PRIORITY unsecured cl | (Fo | or an explanation | on of each type of claim, s | see the instructio | ns for this form in the | e instruction booklet.) | | | | | |
| Priority Creditor's Name 4615 Martin Dr. Winston, GA 30187 Number Streec City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Region State Age As of the date you file, the claim is: Check all that apply Confingent Domestic support obligations Type of PRIORITY unsecured claim: Domestic support obligations Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Priority Creditor's Name P.O. Box 105499 Atlanta, GA 30348-5499 Number Street City State Zip Code Who incurred the debt? Check one. Men was the debt incurred? As of the date you file, the claim is: Check all that apply Check if this claim is for a community debt is the claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated When was the debt incurred? Atlatest one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Taxes and certain other debts you owe the government Check if this claim is for a community debt is the claim subject to offset? Taxes and certain other debts you owe the government Check if this claim is for a community debt is the claim subject to offset? | | | | | | | Total claim | - | | | ty |
| ## 4615 Martin Dr. Winston, GA 30187 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only | 2.1 | Adrien Ha | awkins | La | st 4 digits of accou | nt number | \$0.00 | | \$0.00 | | \$0.00 |
| Winston, GA 30187 Number Street City State Zlp Code Contingent Unliquidated Debtor 1 and Debtor 2 only Disputed Taxes and certain other debts you owe the government Street City State Zlp Code Contingent Unliquidated Debtor 1 and Debtor 2 only Disputed Taxes and certain other debts you owe the government Street City State Zlp Code Who incurred the debt? Check one. Contingent Contingent Unliquidated Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Priority Creditors Name P.O. Box 105499 Atlanta, GA 30348-5499 Number Street City State Zlp Code Contingent Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Disputed Disputed Debtor 1 and Debtor 2 only Disputed Domestic support obligations Type of PRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Taxes and certain other debts you owe the government Type of PRIORITY unsecured claim: Type of PRIORITY unsecured claim: Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims | | • | | W | nen was the debt in | curred? | | | | - | |
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| Debtor 1 only Unliquidated Debtor 2 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Is the claim subject to offset? Other. Specify Other. Specify 2.2 Georgia Department of Revenue Priority Creditor's Name P.O. Box 105499 Atlanta, GA 30348-5499 Number Street City State Zip Code Who incurred the debt? Check one. Contingent Debtor 1 only Disputed Disputed Disputed Disputed Disputed Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 fixed claim is for a community debt Is the claim subject to offset? Taxes and certain other debts you owe the government So.00 \$0.00 \$ | | Number Stre | et City State Zlp Code | As | of the date you file | e, the claim is: Check a | all that apply | | | | |
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| Debtor 1 and Debtor 2 only | | Debtor 1 only | у | | Unliquidated | | | | | | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Claims for death or personal injury while you were intoxicated No Other. Specify When was the debt incurred? Atlanta, GA 30348-5499 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Domestic support obligations Taxes and certain other debts you were intoxicated Taxes and certain other debts you were intoxicated When was the debt incurred? As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Unliquidated Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you were intoxicated Taxes and certain other debts you were intoxicated Claims for death or personal injury while you were intoxicated | | Debtor 2 only | у | | Disputed | | | | | | |
| Check if this claim is for a community debt Is the claim subject to offset? | | Debtor 1 and | d Debtor 2 only | Ту | pe of PRIORITY uns | secured claim: | | | | | |
| Is the claim subject to offset? No Yes Other. Specify Other. Specify | | At least one | of the debtors and anothe | er | Domestic support of | bligations | | | | | |
| No | | Check if this | s claim is for a commu | nity debt 🔲 | Taxes and certain o | ther debts you owe the | government | | | | |
| Georgia Department of Revenue Priority Creditor's Name P.O. Box 105499 Atlanta, GA 30348-5499 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Cother. Specify Last 4 digits of account number \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | | _ | bject to offset? | | Claims for death or | personal injury while yo | ou were intoxicated | | | | |
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| Priority Creditor's Name P.O. Box 105499 Atlanta, GA 30348-5499 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Unliquidated Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | 2.2 | Georgia I | Department of Rev | enue La | st 4 digits of accou | nt number | \$0.00 | | \$0.00 | | \$0.00 |
| Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor Is the claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply Contingent Dent is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply Type of PRIORITY unsecured claim: Dent is: Check all that apply Type of PRIORITY unsecured claim: Claims to a community debt is support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | | Priority Cred | itor's Name | | - | | | <u></u> | Ψ0.00 | | ψ0.00 |
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| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: At least one of the debtors and another Debtor 1 this claim is for a community debt Is the claim subject to offset? No Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | 10 | | | | | e, the claim is: Check a | all that apply | | | | |
| □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □ Other. | _ | _ | | | | | | | | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify □ Other. Specify | _ | _ | | | | | | | | | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify | | _ | - | | • | | | | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Other. Specify | | | • | | - | | | | | | |
| Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated No ☐ Other. Specify | | | | | | · · | | | | | |
| ■ No □ Other. Specify | | | | | | | = | | | | |
| | | | bject to offset? | | | | | | | | |
| ☐ Yes | | | | Ц | Other. Specify | | | | | | |

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Document Page 27 of 65

| Debt | tor 1 Steve Ray Hawkins | | Case number (if know) | | | | |
|------|---|---|--|---------------------------------|--|--|--|
| 2.3 | Internal Revenue Service | Last 4 digits of account number | \$0.00 | \$0.00 \$0.00 | | | |
| | Priority Creditor's Name P.O. Box 7346 | When was the debt incurred? | | | | | |
| | Philadelphia, PA 19101-7346 Number Street City State Zlp Code | As of the date you file, the claim is: | Check all that apply | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ☐ Debtor 1 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of PRIORITY unsecured claim: | | | | | |
| | At least one of the debtors and another | ☐ Domestic support obligations | | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts you | owe the government | | | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal injury | while you were intoxicated | | | | |
| | ■ No | ☐ Other. Specify | | | | | |
| | Yes | | | | | | |
| Part | 2: List All of Your NONPRIORITY Unsecu | ıred Claims | | | | | |
| 4. L | No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other Part 2. | alphabetical order of the creditor who laim. For each claim listed, identify what t | holds each claim. If a creditor has my ype of claim it is. Do not list claims alre | ady included in Part 1. If more | | | |
| | 1 | | | Total claim | | | |
| 4.1 | Bank Of America | Last 4 digits of account number | 6349 | \$998.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 982238 EI Paso, TX 79998 | When was the debt incurred? | Opened 12/14 Last Active 8/17/18 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you di | d not | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | ■ No □ Yes | Other. Specify Credit Card | • | | | | |
| | □ 162 | Other. Specify | 1 | | | | |

| Debto | r 1 Steve Ray Hawkins | —————————————————————————————————————— | Case number (if know) | | | | |
|-------|--|--|---|------------|--|--|--|
| 4.2 | Barclays Bank Delaware | Last 4 digits of account number | 7849 | \$4,068.00 | | | |
| | Nonpriority Creditor's Name Attn: Correspondence Po Box 8801 Wilmington DE 10800 | When was the debt incurred? | Opened 04/16 Last Active 8/17/18 | | | | |
| | Wilmington, DE 19899 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Card | 1 | | | | |
| 4.3 | Bell Subrogation Services Nonpriority Creditor's Name | Last 4 digits of account number | | \$931.02 | | | |
| | P.O. Box 1259 Oaks, PA 19456 | When was the debt incurred? | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | Other. Specify Collection | for Metlife | | | | |
| 4.4 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 9930 | \$1,422.00 | | | |
| | Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 09/10 Last Active 8/20/18 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | Debtor 1 only | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | |
| | ☐ At least one of the debtors and another | | | | | | |
| | ☐ Check if this claim is for a community debt | | | | | | |
| | Is the claim subject to offset? | report as priority claims | - | | | | |
| | ■ No Debts to pension or profit-sharing plans, and other similar debts | | | | | | |

☐ Yes

■ Other. Specify Credit Card

| Document | Page 29 of 65 Case number (if know) |
|----------|--|
|----------|--|

| Act: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State 2p Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 3 and Debtor 2 only Debtor 1 and Debtor 3 and Debtor 2 only Debtor 1 and Debtor 3 and Debtor 4 and Debtor 5 and Polymore 4 and Debtor 5 and Polymore 4 and Polymore 4 and Polymore 5 and Polymore 5 and Polymore 5 and Polymore 6 and Polymore 7 | 4.5 | Capital One | Last 4 digits of account number | 2924 | \$759.00 |
|--|-----|---|--------------------------------------|---|------------|
| Number Street City State Zip Code No interrupt the debt? Check one. Debtor 1 only Contingent Uniquicitated Debtor 2 only Uniquicitated Debtor 1 and Debtor 2 only Uniquicitated Disputed Debtor 1 and Debtor 2 only Uniquicitated Disputed Debtor 1 and Debtor 2 only Uniquicitated Debtor 1 and Debtor 2 only Uniquicitated Debtor 2 only Uniquicitated Debtor 2 only Debtor 2 only Uniquicitated Debtor 2 only Uniquicitated Debtor 2 only Debtor 3 only 2 onl | | Attn: Bankruptcy | When was the debt incurred? | • | |
| Debtor 1 only Contingent Uniquidated Debtor 2 only Debtor 3 only Uniquidated Debtor 2 only Debtor 4 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Check if this claim is for a community debt Student loans Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only 1 only 2 only Debtor 4 only 2 only Debtor 1 only Debtor 5 only 2 only Debtor 1 only 2 only Debtor 1 only 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 5 only 2 only Debtor 5 only 2 only Debtor 6 only 2 only Debtor 7 only Debtor 7 only Debtor 8 only 2 only Debtor 9 only 9 only 9 only 9 only 9 only 9 o | | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 and Debtor 2 only | | Debtor 1 only | _ | | |
| At least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Ch | | ☐ Debtor 2 only | ☐ Unliquidated | | |
| Check if this claim is for a community debt Check in this claim subject to offset? Columbus, OH 43218 Norpriority Creditor's Name Check the date of the debtor and nother Check the claim subject to offset? Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. Check the claim subject to offset? Charge Account number Check the claim subject to offset? Charge Account number Check the claim subject to offset? Check one. Chec | | ☐ Debtor 1 and Debtor 2 only | • | | |
| Creck to stain is blank is to a community debt Credit Card | | \square At least one of the debtors and another | | d claim: | |
| No | | debt | | ration agreement or divorce that you did not | |
| Comenity Capital/Zales | | Is the claim subject to offset? | report as priority claims | | |
| 4.6 Comenity Capital/Zales Nonpriority Creditor's Name Attn: Bankrutptcy Dept Po Box 18215 Columbus, OH 43218 Number Street (Ity) State Zip Code Who incurred the debt'? Check one. Contingent Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 spriority Creditor's Name Attn: Bankrutptcy Dept Po Box 98273 Last 4 digits of account number 1365 1,305.00 | | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Attn: Bankrutptcy Dept Po Box 18215 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Check if this claim is for a community debt Is the claim subject to offset? Attn: Bankrutptcy Po Box 18215 Columbus, OH 43218 As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Unliquidated Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Student loans Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 onle Debtor 3 onle of the debtors and another Check if this claim is for a community debt Student loans Debtor 3 only Debtor 3 only Debtor 4 onle Debtor 3 only Debtor 5 only Deb | | Yes | Other. Specify Credit Card | <u> </u> | |
| Attn: Bankrutptcy Dept Po Box 18215 Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 show and Debtor 2 only State Claim is for a community debt Street City State Zlp Code Who incurred the debt? Check one. Type of NoNPRIORITY unsecured claim: Check if this claim is for a community debt State Claim subject to offset? Debtor 1 only Credit One Bank Attr. Bankruptcy Po Box 98873 Las Vegas, NV 89193 Number Street City State Zlp Code Who incurred the debtors and another Check if this claim is for a community debt Last 4 digits of account number Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 1 onl | 4.6 | | Last 4 digits of account number | 6627 | \$205.00 |
| As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only | | Attn: Bankrutptcy Dept Po Box 18215 | When was the debt incurred? | • | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt No Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Sudent loans Contingent Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debts on pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts | | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset? Charge Account Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 the least one of the debtors and another Check if this claim is for a community debt Street Claim subject to offset? Student loans Student loans Opened 09/15 Last Active 8/03/18 As of the date you file, the claim is: Check all that apply When was the debt incurred? Student loans Student loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debtor 3 manufactured offset? Debtor 4 claim subject to offset? Debtor 5 community Debtor 5 community Debtor 6 non profit-sharing plans, and other similar debts | | Debtor 1 only | ☐ Contingent | | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Student loans Debts to pension or profit-sharing plans, and other similar debts AT Credit One Bank | | Debtor 2 only | ☐ Unliquidated | | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Student loans Debts to pension or profit-sharing plans, and other similar debts AT Credit One Bank | | Debtor 1 and Debtor 2 only | Disputed | | |
| Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did | | | • | d claim: | |
| debt Is the claim subject to offset? Is the claim subject to offset? In No Is the claim subject to offset? In No In Debts to pension or profit-sharing plans, and other similar debts In Other. Specify Charge Account 4.7 Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Number Street City State Zlp Code Who incurred the debt? Check one. In Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Account | | <u></u> | ☐ Student loans | | |
| 4.7 Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Other. Specify Charge Account 1365 \$1,305.00 Spend 09/15 Last Active 8/03/18 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 09/15 Last Active 8/03/18 As of the date you file, the claim is: Check all that apply Type of NonPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | debt | | aration agreement or divorce that you did not | |
| Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Dened 09/15 Last Active 8/03/18 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Dobligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Debtor 1 onfset Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 3 separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | □Yes | Other. Specify Charge Acc | count | |
| Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Opened 09/15 Last Active 8/03/18 Last Vegas, NV 89193 As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 as priority claims Debts to pension or profit-sharing plans, and other similar debts | 4.7 | | Last 4 digits of account number | 1365 | \$1,305.00 |
| Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | Attn: Bankruptcy Po Box 98873 | When was the debt incurred? | 0/00/40 | |
| □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts | | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts | | _ | Contingent | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt ls the claim subject to offset? □ No □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts | | _ | _ | | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt □ Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts | | | ` | | |
| ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | · | • | d alaim. | |
| debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | J Claiii. | |
| ■ No Debts to pension or profit-sharing plans, and other similar debts | | debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | | <u> </u> | <u>'</u> ' ' | g plans, and other similar debts | |
| | | | | | |

Entered 10/31/18 16:07:55 Desc Main Case 18-68264-sms Doc 1 Filed 10/31/18 Page 30 of 65 Case number (if know) Document Debtor 1 Steve Ray Hawkins 4.8 \$2,469.00 **Discover Financial** Last 4 digits of account number 7968 Nonpriority Creditor's Name Opened 04/13 Last Active Po Box 3025 When was the debt incurred? 8/20/18 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.9 **First Premier Bank** 5608 Last 4 digits of account number \$997.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/18 Last Active Po Box 5524 When was the debt incurred? 8/20/18 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 4 1 First Premier Bank 2603 \$367.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 06/16 Last Active Attn: Bankruptcy Po Box 5524 When was the debt incurred? 8/17/18 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent

■ Debtor 1 only

Debtor 2 only Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset? ■ No

☐ Yes

■ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit Card

| | Case 18-68264-sms Doc 1 | | | c Main | | | |
|------|--|--|---|------------|--|--|--|
| Debt | or 1 Steve Ray Hawkins | Document Page 33 | L of 65 Case number (if know) | | | | |
| 4.1 | Franklin Collection Service, Inc. | Last 4 digits of account number | 4022 | \$40.00 | | | |
| . , | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3910 | When was the debt incurred? | Opened 04/18 | <u> </u> | | | |
| | Tupelo, MS 38803 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | _ | | | | | |
| | Debtor 1 only | Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Collection Group LI | Attorney Solstas Lab Partners | | | | |
| 4.1 | Mercury/fbt | Last 4 digits of account number | 4036 | \$4,189.00 | | | |
| | Nonpriority Creditor's Name | | Opened 4/27/16 Last Active | | | | |
| | Po Box 84064 Columbus, GA 31908 | When was the debt incurred? | 8/17/18 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharing | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Card | ■ Other. Specify Credit Card | | | | |
| 4.1 | Merrick Bank/CardWorks | Last 4 digits of account number | 4167 | \$1,416.00 | | | |
| | Nonpriority Creditor's Name | _ | | | | | |
| | Attn: Bankruptcy Po Box 9201 | When was the debt incurred? | Opened 03/17 Last Active 8/17/18 | | | | |
| | Old Bethpage, NY 11804 Number Street City State Zlp Code | As of the date you file, the claim | | | | | |
| | Who incurred the debt? Check one. | , | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | | | | | | | |

☐ Yes

■ No

debt

■ Other. Specify Credit Card

Type of NONPRIORITY unsecured claim:

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Disputed

☐ Student loans

report as priority claims

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

 $\hfill\square$ Check if this claim is for a community

Document Page 32 of 65 Debtor 1 Steve Ray Hawkins Case number (if know) 4.1 **PayPal** \$1,761.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 71202 When was the debt incurred? Charlotte, NC 28272 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 **Pentagon Federal Credit Union** 0708 \$12,769.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 10/17 Last Active Attn: Bankruptcy 2930 Eisenhower Avenue When was the debt incurred? 8/17/18 Alexandria, VA 22314 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Unsecured 4.1 Synchrony Bank/Amazon 4413 \$2,062.00 6 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/15 Last Active Attn: Bankruptcy Dept Po Box 965060 When was the debt incurred? 8/22/18 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

☐ Yes

■ No

debt

Type of NONPRIORITY unsecured claim:

■ Other. Specify Charge Account

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

| Debto | Steve Ray Hawkins | D 001 | Document Pa | ige 3 | 3 of 65 Case number (if know) | |
|-------|--|--------------|--------------------------|--------|----------------------------------|---------|
| 4.1 | US Bank/RMS CC | | Last 4 digits of account | number | 5432 | \$439.0 |
| | Nonpriority Creditor's Name Attn: Bankruptcy | | | | Opened 05/16 Last Active | |
| | Po Box 5229 | | When was the debt incur | rred? | 8/20/18 | |

| | OO Ballivikiiio OO | Last 4 digits of account number | 0-102 | ψ-33.00 |
|----|--|--|---|------------|
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5229 | When was the debt incurred? | Opened 05/16 Last Active 8/20/18 | |
| | Cincinnati, OH 45201 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| .1 | Wilkes Finance | Last 4 digits of account number | | \$2,500.00 |
| | Nonpriority Creditor's Name 6160 Fairburn Rd. Douglasville, GA 30134 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------|-----|---|-----|----------|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | 0 | c | 0.00 |
| | | you did not report as priority claims | 6g. | \$ | 0.00 |

Official Form 106 E/F

Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Case 18-68264-sms Doc 1 Page 34 of 65 Case number (if know) **Document**

Debtor 1 Steve Ray Hawkins

6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 6i. 38,697.02 Total Nonpriority. Add lines 6f through 6i. 6j. 38,697.02

Official Form 106 E/F

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|-------------------|------------|--------------------------------------|
| Debtor 1 | Steve Ray Hawki | ns | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | _ |
| | Name | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | | | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Nome | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | _ |
| | J.,, | | Stato | | |

| | | Docume | ent Page 36 o | <u>f 65</u> | |
|---------------------|---|-------------------------------|---------------------------|---|------------------|
| Fill in this in | nformation to identify your | case: | | | |
| Debtor 1 | Ctove Dev Hewki | no. | | | |
| Deptor 1 | Steve Ray Hawki | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) |) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | | |
| Officed State | s bankruptcy count for the. | NORTHERN DISTRICT | OI OLONOIA | | |
| Case numbe | er | | | | |
| (if known) | | | | ☐ Check if | this is an |
| | | | | amended | d filing |
| ~"··· | E 40011 | | | | |
| Official | Form 106H | | | | |
| Schedı | ıle H: Your Cod | ebtors | | | 12/15 |
| | | | | | |
| 1. Do yo | ou have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| | n the last 8 years, have you, California, Idaho, Louisiana. | | | y? (Community property states and territorie independent and Wisconsin) | s include |
| 7 (1120114, | , Camornia, Idano, Eduloiana | , revada, rew moxico, r d | cito riloo, rexao, vvaori | ington, and wisconsin. | |
| ■ No. G | Go to line 3. | | | | |
| ☐ Yes. | Did your spouse, former spo | use, or legal equivalent live | e with you at the time? | | |
| | | | | | |
| in line 2 | 2 again as a codebtor only i 06D), Schedule E/F (Officia | f that person is a guaran | tor or cosigner. Make | if your spouse is filing with you. List the sure you have listed the creditor on Sche 16G). Use Schedule D, Schedule E/F, or | dule D (Official |
| | olumn 1: Your codebtor | | | Column 2: The creditor to whom you | owe the debt |
| Na | ime, Number, Street, City, State and Z | IP Code | | Check all schedules that apply: | |
| 2.4 | | | | Cabadula D. lina | |
| 3.1 Na | ame | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | umber Street | | | | |
| Ci | ty | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | ☐ Schedule D, line | |
| Na | ame | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| Nu | umber Street | | | _ | |
| Ci | ty | State | ZIP Code | | |

| Fill | in this information to identify your | case: | | | | | | | | |
|-------------|--|---|-------------|--------------------------|----------|-------|-------------------|---------------------------|--|----------------------------|
| Del | otor 1 Steve Ray | Hawkins | | | | _ | | | | |
| | otor 2 puse, if filing) | | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for th | e: NORTHERN DISTRIC | CT OF GEO | ORGIA | | | | | | |
| | se number | | - | | | | | nded filing ement show | ving postpetition of a following date: | chapter |
| 0 | fficial Form 106I | | | | | | MM / DE |)/ YYYY | - | |
| S | chedule I: Your Inc | come | | | | | , 22 | | | 12/15 |
| spo atta | plying correct information. If you use. If you are separated and you has separate sheet to this form Describe Employmen | our spouse is not filing wi . On the top of any additi | ith you, do | not include | infor | matio | on about your | spouse. If | more space is n | eeded, |
| 1. | Fill in your employment information. | | Debtor ' | 1 | | | Debto | or 2 or nor | n-filing spouse | |
| | If you have more than one job, | Employment status | ■ Empl | oyed | | | ■ En | nployed | | is needed, ery question |
| | attach a separate page with information about additional | _mproyment otatae | ☐ Not e | employed | | | □ No | t employed | b | |
| | employers. | Occupation | Mainte | nance Mana | ager | | Real | or | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | XPO Lo | ogistics | | | Sand | lers Tean | n Realty | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | outhpark B ood, GA 30 | | | | | | |
| | | How long employed t | here? | 9 Years | | | | 1 year | | |
| Par | t 2: Give Details About Mo | onthly Income | | | | | | | | |
| | mate monthly income as of the use unless you are separated. | date you file this form. If | you have n | othing to repo | ort for | any l | ine, write \$0 in | he space. | Include your non- | -filing |
| | u or your non-filing spouse have r e space, attach a separate sheet t | | ombine the | information fo | or all e | emplo | oyers for that pe | rson on the | e lines below. If yo | ou need |
| | | | | | | | For Debtor 1 | | Debtor 2 or filing spouse | |
| 2. | List monthly gross wages, saideductions). If not paid monthly | | | | 2. | \$ | 6,863.1 | 3 \$ | 1,500.00 | |
| 3. | Estimate and list monthly ove | rtime pay. | | | 3. | +\$ | 0.0 | 0 +\$ | 0.00 | |

Official Form 106I Schedule I: Your Income page 1

6,863.13

1,500.00

Calculate gross Income. Add line 2 + line 3.

| Deb | tor 1 | Steve Ray Hawkins | - | Case | number (<i>if knowi</i> | n) _ | | | |
|-----|---------------|---|------------|-------------|--------------------------|----------|-------------------------|-------------|-----------------|
| | Con | y line 4 here | 4. | For \$ | Debtor 1 6,863.1 | 3 | For Debtor non-filing s | | |
| | | | | Ψ | 0,003.1 | <u> </u> | Ψ | 300.00 | _ |
| 5. | | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$_ | 1,780.1 | | \$ | 0.00 | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ \$ | 0.0 | | \$ | 0.00 | _ |
| | 5c. 5d. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | 5c. 5d. | * * | 0.0 | | \$ | 0.00 | _ |
| | 5u. 5e. | Insurance | 5u. 5e. | *— | 0.0 706.9 | | \$ | 0.00 | _ |
| | 5e. 5f. | Domestic support obligations | 5f. | \$ | 0.0 | | \$ | 0.00 | _ |
| | 5g. | Union dues | 5g. | \$_ | 0.0 | | \$ | 0.00 | _ |
| | 5h. | Other deductions. Specify: | 5h.+ | · — | 0.0 | | i — — — | 0.00 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 2,487.0 | _ | \$ | 0.00 | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 4,376.0 | | \$ 1, | ,500.00 | - |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.0 | 0 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ — | 0.0 | _ | \$ | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | \$ \$ | 0.0 | _ | \$ | 0.00 | _ |
| | 8d. | Unemployment compensation | 8d. | \$- | 0.0 | _ | \$ | 0.00 | _ |
| | 8e. | Social Security | 8e. | \$_ | 0.0 | | \$ | 0.00 | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.0 | | \$ | 0.00 | _ |
| | 8g. | Pension or retirement income | 8g. | \$_ | 0.0 | | \$ | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | 8h.+ | · \$_ | 0.0 | + | \$ | 0.00 | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.0 | 0 | \$ | 0.00 | 0 |
| 10. | Calo | culate monthly income. Add line 7 + line 9. | 10. \$ | | 4,376.05 + | \$ | 1,500.00 | = \$ | 5,876.05 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | , | | , | | |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in <i>Schedule</i> ade contributions from an unmarried partner, members of your household, your per friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not acify: | depen | • | • | | d in <i>Schedule</i> | e J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | \$ | 5,876.05 |
| | | | | | | | | Combin | ned y income |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | , |

Official Form 106I Schedule I: Your Income page 2

| Fill | in this informa | tion to identify yo | our case: | | | Ī | | |
|-------------|------------------------------|---------------------------------------|------------------------|---|---|-----------------------------|---|---|
| Deb | | Steve Ray H | | | | Chec | k if this is: | |
| Dob | tor 2 | | | | | _ | An amended filing | |
| | ouse, if filing) | | | | | | | ving postpetition chapter the following date: |
| Unit | ed States Bankr | uptcy Court for the | : NORTH | IERN DISTRICT OF GEO | RGIA | Ī | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| | | J: Your | Exper | nses | | | | 12/15 |
| Be a | as complete a | and accurate as | possible. | . If two married people ar ch another sheet to this | e filing together, b form. On the top of | oth are equa any additio | illy responsible fon nal pages, write y | or supplying correct your name and case |
| Pari | t 1: Descr Is this a joir | ibe Your House | hold | | | | | |
| •• | No. Go to | | | | | | | |
| | ☐ Yes. Doe | s Debtor 2 live | in a separ | ate household? | | | | |
| | | | | | | | | |
| | ШY | es. Debtor 2 mus | st file Offici | al Form 106J-2, Expenses | s for Separate House | ehold of Debt | or 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | | enses include f people other t | ■ han | No | | | | |
| | • | d your depende | | Yes | | | | |
| Par | t 2: Estim | ate Your Ongoi | na Monthi | v Expenses | | | | |
| Est | imate your ex | penses as of y | our bankr | uptcy filing date unless y y is filed. If this is a supp | | | | |
| Incl the | ude expense | s paid for with | non-cash d have ind | government assistance i | f you know our Income | | | |
| (Off | ficial Form 10 | 6I.) | | | | | Your exp | enses |
| 4. | | or home owners and any rent for th | | ses for your residence. I | nclude first mortgag | e 4. \$ | | 1,250.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 0.00 |
| | | | | ipkeep expenses | | 4c. \$ | | 0.00 |
| 5. | | owner's associat | | | mo oquity loops | 4d. \$ 5. \$ | | 0.00 |
| J. | Auditional | nortyaye payiil | ciilo iui yl | our residence , such as ho | me equity loans | J. Þ | | 0.00 |

| Debtor 1 | Steve Ra | y Hawkins | Case num | ber (if known) | |
|------------------|----------------|---|--------------|---------------------------------------|--------------------------|
| 6. Util i | ities: | | | | |
| 6. Utili | | heat, natural gas | 6a. | \$ | 200.00 |
| 6b. | • | ver, garbage collection | 6b. | · - | 50.00 |
| 6c. | | e, cell phone, Internet, satellite, and cable services | 6c. | · | 200.00 |
| 6d. | Other. Spe | | 6d. | · | 0.00 |
| | | ekeeping supplies | 7. | · . | 450.00 |
| | | hildren's education costs | 8. | · | 0.00 |
| - | | ry, and dry cleaning | 9. | · | 45.05 |
| | • | roducts and services | 10. | · - | 50.00 |
| | • | ntal expenses | 11. | | 75.00 |
| | | Include gas, maintenance, bus or train fare. | | · | |
| | not include ca | | 12. | \$ | 200.00 |
| 3. Ent | ertainment, d | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. Cha | ritable conti | ributions and religious donations | 14. | \$ | 0.00 |
| l5. Ins ι | | | | | |
| | | surance deducted from your pay or included in lines 4 or 20. | | • | |
| | . Life insura | | 15a. | · | 0.00 |
| | . Health insu | | 15b. | · | 200.00 |
| | . Vehicle ins | | 15c. | | 92.00 |
| | | rance. Specify: | 15d. | \$ | 0.00 |
| | | clude taxes deducted from your pay or included in lines 4 or 20. | 4.0 | • | |
| | cify: | | 16. | \$ | 0.00 |
| | | ease payments: ents for Vehicle 1 | 17a. | ¢ | 226.00 |
| | . , | ents for Vehicle 2 | 17a. 17b. | · · · · · · · · · · · · · · · · · · · | 236.00 |
| | | | 17b. 17c. | · | 511.00 |
| | . Other. Spe | crify: Truck payment | 17c. 17d. | · | 170.00 |
| | | of alimony, maintenance, and support that you did not report as | | Φ | 0.00 |
| | | or annony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 1,062.00 |
| | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | cify: | | 19. | | |
| 20. Oth | er real prope | erty expenses not included in lines 4 or 5 of this form or on Sche | edule I: Yo | our Income. | |
| 20a | . Mortgages | on other property | 20a. | \$ | 0.00 |
| 20b | . Real estate | e taxes | 20b. | \$ | 0.00 |
| 20c. | . Property, h | nomeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d | . Maintenan | ce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e | . Homeowne | er's association or condominium dues | 20e. | \$ | 0.00 |
| 1. Oth | er: Specify: | Wife's business expenses | 21. | +\$ | 250.00 |
| Wif | e's credit c | ards | | +\$ | 550.00 |
| Wif | e's motorc | ycle | | +\$ | 285.00 |
| 22 Cale | culate vous s | monthly expenses | | | |
| | . Add lines 4 | nonthly expenses through 21 | | \$ | 5 976 NE |
| | | through 21. 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 5,876.05 |
| | | | | | |
| 22c. | . Add line 22a | a and 22b. The result is your monthly expenses. | | \$ | 5,876.05 |
| 23. Cal | culate your r | nonthly net income. | | | |
| | - | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 5,876.05 |
| | | monthly expenses from line 22c above. | 23b. | · - | 5,876.05 |
| | 177.4 | | | · | |
| 23c. | . Subtract ye | our monthly expenses from your monthly income. | | | 0.00 |
| | | is your monthly net income. | 23c. | \$ | 0.00 |
| | | | | _ | |
| | | in increase or decrease in your expenses within the year after your expect to finish paying for your explan within the year or do you expect your | | | or docresse because of a |
| | | u expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | mortgage | payment to increase | or decrease decause of a |
| ■ N | | | | | |
| | - | Evoloin hora: | | | |
| | res. | Explain here: | | | |

| | Stave Day Hawkins | | | |
|-------------------------|--|----------------------|---|---|
| Debtor 1 | Steve Ray Hawkins First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: NO | RTHERN DISTRICT | OF GEORGIA | |
| Case number | | | | ☐ Check if this is an amended filing |
| Official Fa | 100 | | | |
| Official Fo Statemer | | or Individu | ıals Filing Under Chapt | er 7 12/15 |
| | vidual filing under chapter 7 | - | his form if: | |
| creditors have | e claims secured by your pro | operty, or | | |
| You must file this | ver is earlier, unless the cou | 30 days after you fi | oired. He your bankruptcy petition or by the date s For cause. You must also send copies to the | |
| | ople are filing together in a | joint case, both are | equally responsible for supplying correct i | nformation. Both debtors must |
| J | | more space is need | led, attach a separate sheet to this form. Or | the top of any additional pages |
| | our name and case number | | oca, attaon a separate sheet to this form. Of | the top of any additional pages, |
| Part 1: List Yo | our Creditors Who Have Sec | ured Claims | | |
| | | | ditara Wha Haya Claima Saayrad by Dranarri | ty (Official Form 106D) fill in the |
| information be | low. | | litors Who Have Claims Secured by Proper | ty (Official Form 106D), fill in the |
| Identify the cre | editor and the property that is | | at do you intend to do with the property that tures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | | |
| Creditor's B | lue Federal Credit Union | | Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | |
| Description of | 2017 Harley Davidson I | Road | Retain the property and enter into a | Yes |
| property | Glide 48,000 miles | | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: | | _ | Totalii ilio proporty and [oxplain]. | _ |
| | | | | |
| Creditor's M | r. Cooper | ■: | Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | - |
| Description of | 2200 Saddleton Way | | Retain the property and enter into a | ■ Yes |
| property | 3380 Saddleton Way Douglasville, GA 30134 | | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: | | _ | Retain the property and [explain]. | _ |
| Creditor's O | neMain Financial | | 2 | П. |
| name: | newam Financial | | Surrender the property. Retain the property and redeem it. | □ No |
| Description of | 2003 Chevrolet Silvera | | Retain the property and enter into a | Yes |
| • | 230,000 miles | | Reaffirmation Agreement. | |
| property | , | Ц | Retain the property and [explain]: | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| De | btor 1 Steve Ray Hawkins | Case number (if I | (nown) |
|--------------|--|--|---|
| ; | securing debt: | | |
| | Creditor's Westerra Credit Union name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| ı | Description of property securing debt: 2009 Mercedes C300 C300 118,000 miles | ■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | ■ Yes |
| For in tl | he information below. Do not list real estate leas | eases I listed in Schedule G: Executory Contracts and Une ses. Unexpired leases are leases that are still in effec ease if the trustee does not assume it. 11 U.S.C. § 36 | ct; the lease period has not yet ended. |
| De | scribe your unexpired personal property leases | | Will the lease be assumed? |
| De | ssor's name: escription of leased operty: | | □ No |
| | ssor's name: | | □ Yes |
| | escription of leased operty: | | ☐ Yes |
| De | ssor's name: scription of leased operty: | | □ No □ Yes |
| De | ssor's name: | | □ No |
| Pro | operty: | | ☐ Yes |
| De | ssor's name: | | □ No |
| | operty: ssor's name: | | ☐ Yes ☐ No |
| | escription of leased operty: | | ☐ Yes |
| | ssor's name: escription of leased | | □ No |
| Pro | operty: | | ☐ Yes |
| Unc | ct 3: Sign Below der penalty of perjury, I declare that I have indicaperty that is subject to an unexpired lease. | ated my intention about any property of my estate th | at secures a debt and any personal |
| | /s/ Steve Ray Hawkins Steve Ray Hawkins Signature of Debtor 1 | Signature of Debtor 2 | |
| | Date | Date | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main

| Fill in this infor | mation to identify your | case: | ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|---------------------|--------------------------|-------------------|--|--|
| Debtor 1 | Steve Ray Hawkii | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | assets of what you own |
|-----------------|--|------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 95,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 35,705.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 130,705.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 133,261.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 38,697.02 |
| | Your total liabilities | \$ | 171,958.02 |
| ⊃aı | t 3: Summarize Your Income and Expenses | | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,876.05 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,876.0 |
| ^o ar | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 3. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| | ■ Yes | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

Entered 10/31/18 16:07:55 Desc Main Case 18-68264-sms Doc 1 Filed 10/31/18 Page 44 of 65 Case number (if known) Document

Debtor 1 Steve Ray Hawkins

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

8,347.78 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clair | m |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in th | nis informatio | n to identify your | case: | | | | Ī | |
|-----------------------|-------------------------------|------------------------------------|---|--------------|------------------|--------------------|-------------|--|
| Debtor 1 | | | | | | | | |
| Deptoi | _ | teve Ray Hawkii rst Name | Middle Name | Las | t Name | | | |
| Debtor 2 | 2 | | | | | | | |
| (Spouse if, | filing) Fi | rst Name | Middle Name | Las | t Name | | | |
| United S | States Bankrup | otcy Court for the: | NORTHERN DISTRIC | T OF GEOR | SIA | | | |
| Case nu (if known) | ımber | | | | | | | Check if this is an amended filing |
| | al Form 10 | | ın Individua | l Deht | nr's Sch | nedules | | 12/15 |
| | | | | | | | | 12/10 |
| | | s.C. §§ 152, 1341, 1 | n connection with a ban 519, and 3571. | ikrupicy cas | e can result in | Times up to \$250, | oo, or impi | risonment for up to 20 |
| Dic | d you pay or a | agree to pay some | one who is NOT an atto | rney to help | you fill out bar | nkruptcy forms? | | |
| | No | | | | | | | |
| | Yes. Name | of person | | | | | | tition Preparer's Notice, ature (Official Form 119) |
| | | perjury, I declare and correct. | that I have read the sun | nmary and s | chedules filed | with this declarat | ion and | |
| х | /s/ Steve Ra | av Hawkins | | Х | | | | |
| | Steve Ray I Signature of I | Hawkins | | | Signature of De | ebtor 2 | | |
| | Date Octo | ber 31, 2018 | | | Date | | | |

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Document Page 46 of 65

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Georgia

| In r | re Steve Ray Hawkins | | Case N | No | |
|------|---|--|---|--|----|
| | | Debtor(s) | Chapte | 7 | |
| | DISCLOSURE OF COMP | ENSATION OF ATTORNI | EY FOR | DEBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplation | iling of the petition in bankruptcy, or a | greed to be p | paid to me, for services rendered or to | 1 |
| | For legal services, I have agreed to accept | | \$ | 1,500.00 | |
| | Prior to the filing of this statement I have receive | ed | \$ | 1,500.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed con | mpensation with any other person unle | ss they are n | nembers and associates of my law firm | n. |
| 5. | ☐ I have agreed to share the above-disclosed compectopy of the agreement, together with a list of the In return for the above-disclosed fee, I have agreed to a. Analysis of the debtor's financial situation, and report b. Preparation and filing of any petition, schedules, s | names of the people sharing in the com- orender legal service for all aspects of indering advice to the debtor in determi | pensation is the bankrupt ning whethe | attached. cy case, including: r to file a petition in bankruptcy; | |
| | c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] All customary and usual work require creditors to reduce market value, exercentificate. | d during the course of the case, | y adjourned including: | hearings thereof; Negotiations with secured | |
| 6. | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any document retrieval services, cred repair, 707(b) objections, judicial lien 522(f)(2)(A) for avoidance of liens on I proceedings, preparation and filing of hearings. | dischargeability action, any Trus it counseling and financial mana avoidances, preparation and filir nousehold goods, relief from sta reaffirmation agreements and a | tee or U.S. gement co ig of motion y actions o | ourse fees, post discharge credi ons pursuant to 11 USC or any other adversary | |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of shankruptcy proceeding. | any agreement or arrangement for pay | ment to me f | or representation of the debtor(s) in | |
| | October 31, 2018 | /s/ Brian S. Limbocke | er | | |
| _ | Date | Brian S. Limbocker 8 | | - | |
| | | Signature of Attorney Limbocker Law Firm | | | |
| | | 2230 Towne Lake Pa | rkway | | |
| | | Bldg. 100, Suite 140 Woodstock, GA 3018 | 9 | | |
| | | 678-401-6836 Fax: 6 | 78-412-415 | 2 | |
| | | bsl@limbockerlawfir | m.com | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Georgia

| | | Normerii District of Georgia | | |
|--------|----------------------------------|--|------------------|-----------------------|
| In re | Steve Ray Hawkins | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | VER | IFICATION OF CREDITOR M | IATRIX | |
| | | | | |
| he abo | ove-named Debtor hereby verifies | that the attached list of creditors is true and cor- | rect to the best | of his/her knowledge. |
| Date: | October 31, 2018 | /s/ Steve Ray Hawkins | | |
| | | Steve Ray Hawkins | | |
| | | Signature of Debtor | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation | |
|------------|----|--------------------|--|
| \$24 | 45 | filing fee | |
| \$7 | 75 | administrative fee | |
| + \$ | 15 | trustee surcharge | |
| \$33 | 35 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| Fill in | n this information to | identify your | r case: | | | | Che | eck one | box only as di | rected | in this form and | l in Form |
|------------------|---|---------------------------------|--|---|--------------|---|-----------|---------------------|-------------------|----------|--------------------------------------|---------------------------------|
| Debt | tor 1 Steve | Ray Hawk | ins | | | | 122 | 2A-1Su | pp: | | | |
| Debt | tor 2 | | | | | | | ☐ 1. Th | nere is no presi | umption | of abuse | |
| | ed States Bankrupto | cy Court for t | he: Northe | ern District | of G | eorgia | ı | | | | mine if a presur | nption of abuse Means Test |
| | e number | | | | | | | C | Calculation (Offi | cial Fo | m 122A-2). | |
| (if kno | wn) | | | | | | | | | | ot apply now be but it could ap | |
| | | | | | | | 1 | □ Che | eck if this is a | n amei | nded filing | |
| | <u>icial Form ´</u> | | | | | | | | | | | |
| Ch | apter 7 Sta | atemen | t of Yo | ur Cu | rre | ent Monthly | / Inc | ome | 9 | | | 12/15 |
| attach case i | n a separate sheet to number (if known). If ying military service | this form. Inc you believe t | clude the line that you are e d file Stateme | number to exempted from ent of Exem | whic om a | iling together, both a h the additional inforr presumption of abuse n from Presumption o | nation a | pplies. se you o | On the top of ar | y additi | ional pages, writ onsumer debts o | e your name and r because of |
| | What is your mar | | | | nlv. | | | | | | | |
| | □ Not married. F | · · | • | | | | | | | | | |
| | ☐ Married and yo | our spouse i | is filing with | you. Fill c | ut b | oth Columns A and E | 3, lines | 2-11. | | | | |
| | ■ Married and yo | our spouse i | is NOT filing | g with you | You | and your spouse | are: | | | | | |
| | Living in the | same hous | ehold and | are not leg | ally | separated. Fill out b | oth Col | umns A | A and B, lines 2 | ·-11. | | |
| | _ | | | _ | - | Column A, lines 2-11 | | | | | ng this box, you | ı declare under |
| | | | | | | lly separated under the Means Test requi | | | | | at you and your | spouse are |
| Fi | • . | | | | Ŭ | rces, derived during t | | | • , , , | , , , | nkruptcy case. | I1 U.S.C. § |
| | | | | | | n period would be Marc 6. Fill in the result. Do n | | | | | | |
| | | | | | | erty in one column only | | | | | | |
| | | | | | | | | Colum Debto | | | or 2 or | |
| 2 | Your gross wage | s. salarv. tin | s honuses | overtime | and | d commissions (bef | ore all | | | non-i | iling spouse | |
| | payroll deductions | | o, bondoes | , overtime | , unc | , commissions (see | ore an | \$ | 6,775.50 | \$ | 0.00 | |
| 3. | Alimony and main Column B is filled in | | yments. Do | not include | e pay | ments from a spous | se if | \$ | 0.00 | \$ | 0.00 | |
| 4. | | | which are | regularly p | aid | for household expe | enses | · | | · — | | |
| | | | | | | clude regular contrib | | | | | | |
| | and roommates. In | clude regula | ır contributio | ns from a s | | se only if Column B i | | Ф | 0.00 | c | 0.00 | |
| _ | filled in. Do not inc Net income from | . , | • | | 0. | form | | \$ | 0.00 | \$ | 0.00 | |
| 5. | Net income nom | operating a | business, p | Debtor 1 | , OI 1 | Debtor 2 | | | | | | |
| | Gross receipts (be deductions) | fore all | \$ | 0.00 | \$ | 1,572.28 | | | | | | |
| | Ordinary and nece | | Φ. | 0.00 | · - | 0.00 | | | | | | |
| | operating expense Net monthly incom | | -\$ | | · - | | Сору | | | | | |
| | business, profession | on, or farm | \$ | 0.00 | \$_ | | nere -> S | \$ | 0.00 | \$ | 1,572.28 | |
| 6. | Net income from | rental and o | ther real pro | operty | | Debtor 1 | | | | | | |
| | Gross receipts (be | fore all dad | ctions) | | | \$ 0.00 | | | | | | |
| | Ordinary and nece | | , | s | -; | * | | | | | | |
| | Net monthly incom | | • | | \$ | | here -> | \$ | 0.00 | \$ | 0.00 | |
| 7. | Interest, dividend | | | , | , | | | \$ | 0.00 | \$ | 0.00 | |

Official Form 122A-1

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Page 53 of 65 Document Steve Ray Hawkins Debtor 1 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$ For your spouse 0.00 Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 6,775.50 1,572.28 \$ 8,347.78 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: Copy line 11 here=> 12a. Copy your total current monthly income from line 11 8,347.78 Multiply by 12 (the number of months in a year) x 12 100,173.36 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: GA Fill in the state in which you live. Fill in the number of people in your household. 2 59,606.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steve Ray Hawkins

Steve Ray Hawkins

Signature of Debtor 1

Date October 31, 2018

MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Document Page 54 of 65

| Fill in this in | nformation to identify your case: | Che |
|----------------------------|--|-------|
| Debtor 1 | Steve Ray Hawkins | lines |
| Debtor 2 (Spouse, if fi | ling) | Ac St |
| United States | s Bankruptcy Court for the: Northern District of Georgia | • |
| Case numbe (if known) | or | |
| | | ПС |

| Check the appropriate box as directed in lines 40 or 42: |
|---|
| According to the calculations required by this Statement: |
| ■ 1. There is no presumption of abuse. |

2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

| | Copy your total current monthly income. Copy line 11 | rom Offi | cial Form 122/ | \-1 here=> | \$ | 8,347.78 |
|---|--|------------|------------------------------|-------------------|---------------|-----------|
| [| Did you fill out Column B in Part 1 of Form 122A-1? | | | | | |
| | \square No. Fill in \$0 for the total on line 3. | | | | | |
| ľ | Yes. Is your spouse Filing with you? | | | | | |
| | ■ No. Go to line 3. | | | | | |
| | ☐ Yes. Fill in \$0 for the total on line 3. | | | | | |
| | Adjust your current monthly income by subtracting any part of your sphousehold expenses of you or your dependents. Follow these steps: | ouse's i | ncome not use | ed to pay for the | • | |
| | On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents? | reported t | for your spouse | NOT regularly u | sed for the h | nousehold |
| Γ | \square No. Fill in 0 for the total on line 3. | | | | | |
| ı | Yes. Fill in the information below: | | | | | |
| | State each purpose for which the income was used | Fill | l in the amoun | you | | |
| | For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. | | subtracting four spouse's in | | | |
| | Wife's business expenses | \$ | 165.00 | | | |
| | Wife's health insurance | \$ | 200.00 | | | |
| | Wife's motorcycle | \$ | 285.00 | | | |
| | Wife's credit cards | +\$_ | 550.00 | | | |
| | Tric 3 cicuit cards | | 1,200.00 | | | |
| | Total. | \$ | 1,200.00 | Copy total her | | 1.200.0 |

Official Form 122A-2

Case 18-68264-sms Doc 1 Filed 10/31/18 Entered 10/31/18 16:07:55 Desc Main Document Page 55 of 65

Debtor 1 Steve Ray Hawkins Case number (if known)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,202.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 52
- 7b. Number of people who are under 65 X 2
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 104.00 Copy here=> \$ 104.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114
- 7e. Number of people who are 65 or older X **0**
- 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> +\$ 0.00

Copy total here=>

104.00

Debtor 1 Steve Ray Hawkins Case number (if known)

| Loc | al St | andards | You must use the I | RS Local Standards t | o ansv | ver the que | stions in lin | es 8-15. | | | | |
|-----|--|--|---------------------------------------|---|--------|--------------|---------------|----------------|--------------|----------------|---------------------------------|----------|
| | | | on from the IRS, tees into two parts: | the U.S. Trustee Pro | gram I | has divided | I the IRS L | ocal Stanc | dard for hou | ising for | | |
| | Hous | ing and uti | lities - Insurance | and operating expen | ses | | | | | | | |
| | Hous | ing and uti | lities - Mortgage o | or rent expenses | | | | | | | | |
| То | answ | er the ques | stions in lines 8-9 | , use the U.S. Truste | e Prog | gram chart | | | | | | |
| | | | | nk specified in the sep bankruptcy clerk's off | | nstructions | for this for | m. | | | | |
| 8. | | | | e and operating experience | | | | | | | | 586.00 |
| 9. | Ηοι | using and u | ıtilities - Mortgage | or rent expenses: | | | | | | | | |
| | 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses | | | | | | | | | | | |
| | 9b. Total average monthly payment for all mortgages and other debts secured by your home. | | | | | | | | | | | |
| | | To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. | | | | | | | | | | |
| | | Name of the | he creditor | | | Average m | onthly | | | | | |
| | | -NONE- | | | | \$ | | | | | | |
| | | | Total ave | erage monthly paymer | nt | \$ | 0.00 | Copy here=> | -\$ | 0.00 | Repeat this amount on line 33a. | |
| | 9c. | Net mortga | age or rent expens | e. | | | | | | | | |
| | | Subtract line 9b (total average monthly payment) from line or rent expense). If this amount is less than \$0, enter \$0 | | | | | | \$ | 1,239.0 | Copy here=> | . \$ | 1,239.00 |
| 10. | | | | e Program's division nonthly expenses, fil | | | | | _ | ect and | \$ | 0.00 |
| | Ex | plain why: | | | | | | | | | | |
| 11. | Loc | al transpor | rtation expenses: | Check the number of | vehicl | es for which | n you claim | an owners | hip or opera | ting expense | | |
| | | D. Go to line | 14. | | | | | | | | | |
| | | 1. Go to line | 12. | | | | | | | | | |

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

452.00

2 or more. Go to line 12.

| | | 3 | | |
|----------|-------------------|-------|------------------------|--|
| Debtor 1 | Steve Ray Hawkins | _ | Case number (if known) | |
| | | | | |

| 13. | You may | | pense: Using the IRS Local if you do not make any loan | | | | | | |
|------|---------------------|---|--|----------------|---------------------------------|---------------------------------|---------------------------------|--|--------|
| Ve | hicle 1 | Describe Vehicle 1: | 2003 Chevrolet Silvera | do 230,000 |) miles | | | | |
| 13a | Owners | nip or leasing costs usin | g IRS Local Standard | | | \$ | 497.00 | | |
| 13b. | | e monthly payment for all notude costs for leased | I debts secured by Vehicle 1. vehicles. | | | | | | |
| | are cont | | y payment here and on line of cured creditor in the 60 mont | | | t | | | |
| | Na | me of each creditor fo | Vehicle 1 | Average r | nonthly | | | | |
| | Or | eMain Financial | | \$ | 44.55 | | | | |
| | | Total A | Average Monthly Payment | \$ | 44.55 | Copy here => - | \$44 | Repeat this amount on line 33b. | |
| 13c. | | icle 1 ownership or leas t line 13b from line 13a. | e expense if this amount is less than \$0 | , enter \$0. | | \$ | 452.45 | Copy net Vehicle 1 expense here => \$ | 452.45 |
| Ve | hicle 2 | Describe Vehicle 2: | 2009 Mercedes C300 C | 300 118,00 | 00 miles | | | | |
| 13d. | Owners | nip or leasing costs usin | g IRS Local Standard | | | . \$ | 497.00 | | |
| 13e. | Average leased v | | I debts secured by Vehicle 2. | . Do not inclu | ude costs for | r | | | |
| | Na | me of each creditor fo | Vehicle 2 | Average r | nonthly | | | | |
| | We | esterra Credit Union | | \$ | 194.55 | | | | |
| | | Total A | Average Monthly Payment | \$ | 194.55 | Copy here => -\$ | 194.5 | Repeat this amount on line 33c. | |
| 13f. | | icle 2 ownership or leas t line 13e from line 13d. | e expense if this amount is less than \$0 | , enter \$0 | | . \$ | 302.45 | Copy net Vehicle 2 expense here => \$ | 302.45 |
| 14. | | | : If you claimed 0 vehicles in ce regardless of whether you | | | | ds, fill in the | Public \$ | 0.00 |
| 15. | also dec | luct a public transportati | on expense: If you claimed 1 on expense, you may fill in w al Standard for <i>Public Trans</i> | hat you belie | hicles in line eve is the ap | e 11 and if yo opropriate ex | u claim that y pense, but yo | rou may ou may \$ | 0.00 |

Debtor 1 Steve Ray Hawkins Case number (if known)

| Oth | er Necessary Expenses | In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories. | for | | | |
|-----|--|--|-----|----------|--|--|
| 16. | Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. | | | | | |
| | Do not include real estate, s | sales, or use taxes. | \$ | 1,780.16 | | |
| 17. | Involuntary deductions: T contributions, union dues, a | the total monthly payroll deductions that your job requires, such as retirement and uniform costs. | | | | |
| | Do not include amounts tha | at are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 0.00 | | |
| 18. | filing together, include paym | nonthly premiums that you pay for your own term life insurance. If two married people are nents that you make for your spouse's term life insurance. Do not include premiums for life ints, for a non-filing spouse's life insurance, or for any form of life insurance other than | \$ | 30.00 | | |
| 19. | | The total monthly amount that you pay as required by the order of a court or as spousal or child support payments. | | | | |
| | Do not include payments or | n past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 1,062.00 | | |
| 20. | Education: The total month as a condition for your jo | nly amount that you pay for education that is either required: | | | | |
| | for your physically or me | entally challenged dependent child if no public education is available for similar services. | \$ | 0.00 | | |
| 21. | Childcare: The total month | ly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | | | | |
| | Do not include payments fo | r any elementary or secondary school education. | \$ | 0.00 | | |
| 22. | that is required for the healt | penses, excluding insurance costs: The monthly amount that you pay for health care the and welfare of you or your dependents and that is not reimbursed by insurance or paid to the local control that is more than the total entered in line 7. | | | | |
| | Payments for health insurar | nce or health savings accounts should be listed only in line 25. | \$ | 0.00 | | |
| 23. | for you and your dependent | elephone services: The total monthly amount that you pay for telecommunication services ts, such as pagers, call waiting, caller identification, special long distance, or business cell t necessary for your health and welfare or that of your dependents or for the production of ed by your employer. | | | | |
| | | r basic home telephone, internet and cell phone service. Do not include self-employment eported on line 5 of Official Form 122A-1, or any amount you previously deducted. | +\$ | 0.00 | | |
| 24. | Add all of the expenses al Add lines 6 through 23. | llowed under the IRS expense allowances. | \$ | 7,210.06 | | |

Debtor 1 Steve Ray Hawkins Case number (if known)

| Additional Expense Deductions | | | | | | | |
|-------------------------------|---|---|----------------------|--|---|-----|--------|
| | | Note: Do not include | any expe | ense allowances | listed in lines 6-24. | | |
| 25. | insura | n insurance, disability insurance, and health s nce, disability insurance, and health savings acc ependents. | | | | r | |
| | Health | | | | | | |
| | Disabi | | | | | | |
| | Health | savings account | + \$ | 0.00 | | | |
| | | | | | | | |
| | Total | | \$_ | 680.23 | Copy total here=> | \$ | 680.23 |
| | Do you | u actually spend this total amount? | | | J | | |
| | | No. How much do you actually spend? | | | | | |
| | | Yes | \$ | | | | |
| 26. | continu | nued contributions to the care of household of the to pay for the reasonable and necessary care to ousehold or member of your immediate family we be contributions to an account of a qualified ABLE | and sup ho is una | port of an elderly able to pay for su | y, chronically ill, or disabled member of uch expenses. These expenses may | \$ | 0.00 |
| 27. | 77. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | | | | | |
| | By law | , the court must keep the nature of these expens | ses confi | dential. | | \$ | 0.00 |
| 28. | Additi line 8. | | | | | | |
| | | believe that you have home energy costs that ar n fill in the excess amount of home energy costs. | e more t | han the home er | nergy costs included in expenses on line | | |
| | You m amour | oust give your case trustee documentation of you not claimed is reasonable and necessary. | r actual | expenses, and y | ou must show that the additional | \$ | 0.00 |
| 29. | \$160.4 | ation expenses for dependent children who at 12* per child) that you pay for your dependent chelementary or secondary school. | | | | | |
| | | ust give your case trustee documentation of you d is reasonable and necessary and not already | | | | | |
| | * Subje | ect to adjustment on 4/01/19, and every 3 years | after tha | t for cases begui | n on or after the date of adjustment. | \$ | 0.00 |
| 30. | higher | onal food and clothing expense. The monthly than the combined food and clothing allowances % of the food and clothing allowances in the IRS | s in the I | RS National Star | | | |
| | | d a chart showing the maximum additional allowations for this form. This chart may also be availa | | | | | |
| | You m | ust show that the additional amount claimed is re | easonab | le and necessar | у. | \$ | 0.00 |
| 31. | | nuing charitable contributions. The amount the nents to a religious or charitable organization. 26 | | | ntribute in the form of cash or financial | +\$ | 0.00 |
| 32. | | II of the additional expense deductions. nes 25 through 31. | | | | \$ | 680.23 |

Debtor 1 Steve Ray Hawkins Case number (if known)

| Dedu | ctions for Debt Payment | | | | | | | | |
|--|---|-------------------|---|------------------|--------|--------------------------------------|-----------------|-------------------|--------|
| | or debts that are secured oans, and other secured o | | in property that you own, s 33a through 33e. | including home n | nortga | iges, vehicle | | | |
| To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. | | | | | | | | | |
| Mortgages on your home: | | | | | | Average monthly payment | | | |
| 33a. | Copy line 9b here | | | | | | => \$ | | 0.00 |
| | Loans on your first two | o vehicles: | | | | | | | |
| 33b. | Copy line 13b here | | | | | | => \$ | | 44.55 |
| 33c. | Copy line 13e here | | | | | | => \$ | 1 | 94.55 |
| 33d. | List other secured debts | | | | | | | | |
| Name of each creditor for other secured debt | | ecured debt | Identify property that secures the debt | | | Does paymen include taxes insurance? | | | |
| | | | | | | ■ No | | | |
| | Blue Federal Credit U | Inion | 2017 Harley Davidso 48,000 miles | n Road Gilde | | ☐ Yes | \$ | 5 | 21.41 |
| | | | | | | _ 103 | Ψ | | |
| | | | 3380 Saddleton Way Douglasville, GA | | iΑ | No | | | |
| | Mr. Cooper | | 30134 Douglas County | | | ☐ Yes | \$ | 9 | 00.00 |
| | | | | | | □ No | | | |
| | | | | | | ☐ Yes | +\$ | | |
| | | | | Г | | | ٦ | | |
| | | | | | | | Copy | | |
| 33e. | Total average monthly pa | yment. Add line | s 33a through 33d\$ | | \$ | 1,660.51 | here=> | \$1, | 660.51 |
| | | | ecured by your primary res port or the support of you | | 1 | | | | |
| | No. Go to line 35. | | | | | | | | |
| ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. | | | | | | | | | |
| Name | e of the creditor | 1 | dentify property that secures | the debt | | Total cure amount | | Monthly amount | cure |
| -NO | NE- | | | | \$ | | ÷ 60 = \$ | i | |
| | | | | Г | | | 7 | | |
| | | | | | | | Сору | | |
| | | | | Total | \$ | 0.00 | total here=> | \$ | 0.00 |
| 35. Do you owe any priority claims such as a priority tax, child support, or alimony - that | | | | | | | | | |
| are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. | | | | | | | | | |
| No. Go to line 36. | | | | | | | | | |
| | ongoing priority cl | aims, such as th | se priority claims. Do not inc nose you listed in line 19. | | | | | | |
| | Total amount of | all past-due prio | rity claims | | \$ | 0.00 | ÷ 60 = | \$ | 0.00 |

| Debtor 1 | Steve Ray Hawkins | Case number (if known) | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| F | Are you eligible to file a case under Chapter 13? 11 U.S.C. For more information, go online using the link for <i>Bankruptcy E</i> nstructions for this form. <i>Bankruptcy Basics</i> may also be available. | Basics specified in the separate | | | | | | | |
| ı | ■ No. Go to line 37. | | | | | | | | |
| [| ■ No. Go to line 37. ☐ Yes. Fill in the following information. | | | | | | | | |
| | Projected monthly plan payment if you were filing un | der Chapter 13 \$ | | | | | | | |
| | Current multiplier for your district as stated on the lis Administrative Office of the United States Courts (for and North Carolina) or by the Executive Office for Ur (for all other districts). | r districts in Alabama | | | | | | | |
| | To find a list of district multipliers that includes your of the link specified in the separate instructions for this be available at the bankruptcy clerk's office. | form. This list may also Copy total | | | | | | | |
| | Average monthly administrative expense if you were | e filing under Chapter 13 | | | | | | | |
| 37. | Add all of the deductions for debt payment. Add lines 33e through 36. | \$1,660.51_ | | | | | | | |
| Tota | al Deductions from Income | | | | | | | | |
| 38. | Add all of the allowed deductions. | | | | | | | | |
| | Copy line 24, All of the expenses allowed under IRS expense allowances | \$ | | | | | | | |
| | Copy line 32, All of the additional expense deductions | \$ 680.23_ | | | | | | | |
| | Copy line 37, All of the deductions for debt payment | +\$1,660.51 | | | | | | | |
| | Total deductions | \$\$ Oppy total here=> \$9,550.80 | | | | | | | |
| Part 3: | Determine Whether There is a Presumption of Abuse | · | | | | | | | |
| 39. (| Calculate monthly disposable income for 60 months | | | | | | | | |
| | 39a. Copy line 4, adjusted current monthly income | \$ 7,147.78 | | | | | | | |
| | 39b. Copy line 38, Total deductions | | | | | | | | |
| | 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a | \$ -2,403.02 Copy here=>\$ -2,403.02 | | | | | | | |
| | For the next 60 months (5 years) | x 60 | | | | | | | |
| | 39d. Total. Multiply line 39c by 60 | 39d. \$ -144,181.20 Copy here=> \$ -144,181.20 | | | | | | | |
| 40. Find out whether there is a presumption of abuse. Check the box that applies: | | | | | | | | | |
| ■ The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. | | | | | | | | | |
| ☐ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5. | | | | | | | | | |
| [| ☐ The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41. | | | | | | | | |
| | *Subject to adjustment on 4/01/19, and every 3 years after that | | | | | | | | |
| | Oubject to adjustment on 4/01/15, and every 5 years after that for eases filed on or after the date of adjustment. | | | | | | | | |

| Debtor 1 | Stev | re Ray Hawkins | Case number (if known) | | | |
|----------|--------|---|--|---------------------------|--|--|
| | | | | | | |
| 41. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If you filled on A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. | \$ <u>x</u> .25 | | | |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i) | (I) | sopy ere=> \$ | | |
| | | Multiply line 41a by 0.25 | | | | |
| 25 | % of y | ne whether the income you have left over after subtracting all allowed de our unsecured, nonpriority debt. e box that applies: | ductions is enough to pay | | | |
| | | 39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> part 5. | ere is no presumption of abus | e. | | |
| | | 39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. T | | | | |
| Part 4: | Giv | ve Details About Special Circumstances | | | | |
| | | ve any special circumstances that justify additional expenses or adjustm | ents of current monthly inc | ome for which there is no | | |
| reas | onable | e alternative? 11 U.S.C. § 707(b)(2)(B). | | | | |
| | No. Go | o to Part 5. | | | | |
| | | I in the following information. All figures should reflect your average monthly e m. You may include expenses you listed in line 25. | xpense or income adjustment | for each | | |
| | ne | bu must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation ljustments. | | | | |
| | G | | Average monthly expense or income adjustment | | | |
| | _ | | \$ | _ | | |
| | _ | | \$ | _ | | |
| | | | \$ | _ | | |
| | _ | | \$ | _ | | |
| Part 5: | Sic | ın Below | | | | |
| art J. | | gning here, I declare under penalty of perjury that the information on this state | ment and in any attachments | is true and correct. | | |
| | X /s | / Steve Ray Hawkins | • | | | |
| | St | reve Ray Hawkins gnature of Debtor 1 | | | | |
| Da | | ctober 31, 2018 | | | | |
| | | M/DD/YYYY | | | | |

Adrien Hawkins 4615 Martin Dr. Winston, GA 30187

Bank Of America Attn: Bankruptcy Po Box 982238 El Paso, TX 79998

Barclays Bank Delaware Attn: Correspondence Po Box 8801 Wilmington, DE 19899

Bell Subrogation Services P.O. Box 1259 Oaks, PA 19456

Blue Federal Credit Union Attn: Bankruptcy Po Box 3200 Cheyenne, WY 82003

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Comenity Capital/Zales Attn: Bankrutptcy Dept Po Box 18215 Columbus, OH 43218

Credit One Bank Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Discover Financial Po Box 3025 New Albany, OH 43054

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

Franklin Collection Service, Inc. Attn: Bankruptcy Po Box 3910 Tupelo, MS 38803

Georgia Department of Revenue P.O. Box 105499 Atlanta, GA 30348-5499

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Mercury/fbt Po Box 84064 Columbus, GA 31908

Merrick Bank/CardWorks Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804

Mr. Cooper Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019 OneMain Financial Attn: Bankruptcy 601 Nw 2nd Street Evansville, IN 47708

PayPal P.O. Box 71202 Charlotte, NC 28272

Pentagon Federal Credit Union Attn: Bankruptcy 2930 Eisenhower Avenue Alexandria, VA 22314

Synchrony Bank/Amazon Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

US Bank/RMS CC Attn: Bankruptcy Po Box 5229 Cincinnati, OH 45201

Westerra Credit Union Attn: Bankruptcy Dept. 3700 E Alameda Ave Denver, CO 80209

Wilkes Finance 6160 Fairburn Rd. Douglasville, GA 30134